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THE HEALTH
OF
BARNDSLEY

1969

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1969



The Annual Report of the
Medical Officer of Health

The Annual Report of the
Principal School Medical
Officer

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FOREWORD

A foolish consistency is the hobgoblin of little minds,
adored by little statesmen and philosophers and
divines. With consistency a great soul has simply
nothing to do . . . Speak what you think to-day in words
as hard as cannon-balls, and to-morrow speak what
to-morrow thinks in hard words again, though it
conradict everything you said to-day.

Essays, Ch.ii Self-Reliance
RALPH WALDO EMERSON, 1803-1882

On reading this report no single event of 1969 would appear to merit comment in the foreword. This might well suggest that the year had been one which offered opportunities for consolidation of previous development and progress. To some extent this is the case. However, under several headings it has been found necessary to refer to matters which in isolation might appear to be of little consequence. Taken together, they and their implications are deserving of some attention.

In the first place, there are the increasing demands on each of the authority's services which provide care for the aged. The fundamental cause of this is simply that people are living longer than expected. An increase in the average life span is greatly to be welcomed. Unfortunately, the statisticians were not able to provide a more accurate estimate of the extent of the increase for it is on statistical forecasts made available in advance that services are planned. In the case of the aged, increased survival means not only more old people requiring care but because they are reaching greater ages, more very frail old people needing still more care.

The continuation and expansion of the authority's community services in their present concept to meet unexpected demands presents no great difficulty. Additional staff and portable equipment are all that is necessary. There need be no time lag in expanding provided the necessary financial resources are forthcoming.

The hospital services are also affected by this underestimate of increased longevity and with them the position is rather different. Here the principal problem is one of additional accommodation. This can only be provided by building or at the expense of some other provision. Until additional hospital accommodation for the aged is available, more care must be provided in the community. Furthermore, this care must necessarily be for patients for whom treatment facilities outside hospital are either inadequate or unsatisfactory. As this situation will inevitably present the health authority with problems, not least those of a financial nature, it is important that these problems and their possible extent be appreciated. As the full implications of the changing demands on the several services may not be apparent when they are examined separately, it would seem to be appropriate to draw attention to them here.

Difficulties in recruiting professionally trained staff also receive attention under a number of headings. Since the inception of the National Health Service it has never been easy for local authorities to fill certain

types of appointment. A number of factors has contributed to this. Of these, perhaps, not the least potent is that professional officers employed by health authorities are subject to conditions of service which apply to the local government hierarchy. These conditions tend to be regarded as less acceptable than those which prevail in other branches of the National Health Service.

During 1969 another factor with an extremely serious effect on recruitment and retention of professional staff by local authorities emerged. This factor is uncertainty as to future prospects. It is perhaps inevitable that it should have emerged following the discussions which have taken place, first on the reform of local government, then on the proposal to remove certain medico-social services from professional control and finally on the reorganisation of the National Health Service. Nurses who are potential health visitors feel discouraged from embarking on a further year of training for a qualification of doubtful future value. Those with administrative talents are turning towards the hospital where prospects are more secure. Speech therapists, physiotherapists and audiology technicians are understandably desirous of establishing themselves in the hospital career structure. Many dentists are forsaking public service for private practice. They feel it may be more advantageous to shake off the restrictions of local government service now than to wait for obligatory reorganisation. The career prospects for public health medical officers have during the year become so unattractive, that it is doubtful if sufficient will remain until reorganisation to provide even a token service.

In the past, local authority health services have experienced staffing problems from time to time. When this has happened it has been possible for authorities, such as Barnsley, by instituting imaginative policies to find solutions and thus avoid any permanent deterioration of their services. These solutions were possible because of the basic morale of the professional staff and their faith in the future of the service. It is therefore most important to appreciate that the prevailing uncertainties are having so serious an effect on morale that such solutions are no longer possible. In these circumstances, it would seem that some deterioration in the extent and quality of the authority's services are inevitable.

This again constitutes a situation which might not be immediately apparent. Nevertheless, it is one which could have an adverse effect on the health of the community. It is therefore but proper that the authority should be made aware of the position and to do so would seem to be one of the purposes of a report such as this.

The vital statistics contained in Part I are on the whole satisfactory.

Part II, dealing with epidemiology contains little that is unexpected. The low incidence of communicable disease during the year is worthy of note.

The Social and Personal Health Services whose working is described in Part III merit careful study. They functioned satisfactorily during 1969 but to maintain them and develop them in the future may not be a very easy task.

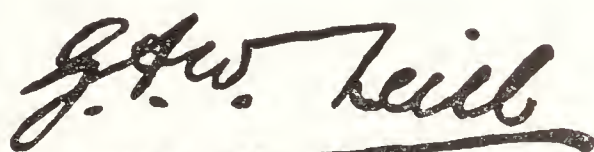
The mental health services are described in Part IV and the services for the handicapped in Part V. Comment is made where this is deemed to be appropriate.

Part VI covers the environmental health services. These are very diverse. This part contains a great deal of information regarding matters which are forgotten or taken for granted by the community until some event brings them to notice.

The statutory annual report of the Principal School Medical Officer is contained in Part VII. Here once again, the emphasis appears to be moving towards work done amongst handicapped or potentially handicapped children.

The report is prepared in accordance with the directions and requests of the several central government departments and in compliance with the requirements of the relevant statutory instruments.

It remains then only to thank all those people whose efforts and goodwill have contributed to a successful year's work. At the same time, it is desired to express on behalf of all the staff, appreciation of the many kindnesses and courtesies extended by the Mayor, Aldermen and Councillors.

A handwritten signature in dark ink, reading "J. H. W. Leitch". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Medical Officer of Health and
Principal School Medical Officer

26th August, 1970.

PART 1

SOCIAL AND STATISTICAL INFORMATION

The question “Is there a God”? was fed into a computer. The computer ground for several seconds longer than usual. It then produced the answer, “There is now”!

B.B.C. Programme—“Any Questions”
31st May, 1969.

- 1. Geographical Situation: Latitude 53 °33”N.
Longitude 1 °29”W.
- 2. Elevation: 125 ft. to 575 ft.
- 3. Area of County Borough: 7,817 acres.
- 4. Population: (a) Census 1961 74,650
(b) Registrar General’s estimate (1969 mid-year) 74,880
- 5. Density of Population: 9.58 persons per acre.
- 6. No. of inhabited houses: 24,871.
- 7. Rateable value at 31st December, 1969: £2,430,586.
- 8. Sum represented by a penny rate: £9,650.

SOCIAL CONDITIONS

The information relating to employment in Barnsley supplied each year by the Barnsley Employment Exchange indicates that during 1969 there was a negligible decrease in the number of persons without work. These figures, as well as the individual families concerned are being kept under observation. Although it would be unwise at this juncture to jump to conclusions, it is not anticipated that unemployment will have as marked an effect on the health of the community as it did some years ago. This, of course, is due to the development of comprehensive social security arrangements. The figures received relating to unemployment for 1969 are as follows:

				MEN		WOMEN		TOTAL	
				18 AND OVER		18 AND OVER			
				WU	TS	WU	TS	WU	TS
At 13.1.69	..	..	..	1,992	17	152	2	2,144	19
At 8.12.69	..	..	..	1,860	5	186	20	2,046	25
At 12.1.70	..	..	..	1,913	10	199	17	2,112	27

WU—wholly unemployed.
TS—temporarily suspended.

VITAL STATISTICS

Births:					MALES	FEMALES	TOTAL
Legitimate	..	..	..	..	635	619	1,254
Illegitimate	..	..	..	..	47	48	95
					682	667	1349
Birth rate per 1,000 population					..	..	18.00
Adjusted by application of the area comparability factor of .98					..	..	17.60
Illegitimate live births (percentage of total live births)					..	..	7.00
Stillbirths:					MALES	FEMALES	TOTAL
Legitimate	..	..	..	..	14	16	30
Illegitimate	..	..	..	..	—	2	2
					14	18	32
Rate per 1,000 total births (live and still)					..	..	23.00
Total live and stillbirths					..	..	1381
Infant Mortality:							
Infant deaths under 1 year of age					..	..	28
Infant Mortality Rates:							
Total infant deaths per 1,000 live births					..	..	21
Legitimate infant deaths per 1,000 legitimate live births					..	..	20
Illegitimate infant deaths per 1,000 illegitimate live births					..	..	32
Neo-Natal Mortality Rates:							
Deaths under 4 weeks per 1,000 total live births					..	..	13
Early Neo-Natal Mortality Rate:							
Deaths under 1 week per 1,000 total live births					..	..	8
Peri-Natal Mortality Rate:							
Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths					..	..	31
Maternal Mortality:							
No maternal deaths were registered in the County Borough during 1969.							

ANALYSIS OF PERINATAL MORTALITY

Deaths in the first week of life							
Cerebral Haemorrhage (Tentorial Tear)	..	..	..	..	..	..	2
Multiple Congenital Abnormalities	..	..	..	..	..	..	2
Oesophageal Atresia	..	..	..	..	..	..	1
Internal Hydrocephalus and Maldevelopment of Brain	..	..	..	..	..	..	1
Congenital Heart Disease	..	..	..	..	..	..	1
Cerebral Haemorrhage and Prematurity	..	..	..	..	..	..	1
Inhalation Pneumonia	..	..	..	..	..	..	1
Aspiration Pneumonia and Gastritis	..	..	..	..	..	..	1
Haemolytic Disease of the Newborn	..	..	..	..	..	..	1
							11

Stillbirths

Placental Insufficiency	7
Ante-Partum Haemorrhage	3
Anencephaly and Spina Bifida	2
Macerated foetus	4
Cerebral Haemorrhage (Tentorial Tear)	2
Severe Hypertension and Prematurity	2 (twins)
Meningocele and Hydrocephalus	2
Anencephaly	1
Placental infarction	1
Cerebral Anoxia	1
Placenta praevia	1
Foetal Asphyxia and Breech delivery	1
Intra-uterine death	1
Rh. incompatibility	1
Severe Toxaemia and Hypertension	1
Cause unknown	2
	32

ANALYSIS OF INFANT DEATHS: 1 week — 1 year

Gastro-enteritis	2
Bronchopneumonia and Gastro-enteritis	1
Acute Tracheo-bronchitis and Gastro-enteritis	1
Asphyxia due to inhalation of vomit and Gastro-enteritis	1
Bronchopneumonia and Gastritis	1
Bronchopneumonia	1
Acute intestinal obstruction and volvulus.. .. .	1
Congestive Heart Failure and Atelectasis	1
Congestive Heart Failure and Fibrocystic Disease of the Pancreas	1
Congenital Heart Disease	1
Multiple Congenital Abnormalities and Neonatal Hepatitis	1
Internal Hydrocephalus	1
Septicaemia and Prematurity	1
Extreme prematurity	1
Non-viable prematurity	1
Pulmonary Tuberculosis	1
	17

MATERNAL MORTALITY:

No death was attributed to pregnancy in the classified return of deaths received from the Registrar General (Table I). The maternal mortality figure is therefore 0.00 per 1,000 live births.

DEATHS:

Males	.. .. .	460
Females	.. .. .	407
		—
		867
		—
Crude Death Rate per 1,000 population	.. .. .	11.60
Adjusted Death Rate by application of area comparability factor of 1.19	.. .. .	13.80

Comparison with 1968 shows a decrease in the number of deaths by 9. The effect of the decrease on the corrected death rate is slightly more marked than upon the crude death rate. The adjusted figure is the one shown in the appendix to this part of the report (Table II).

A detailed statement of the number of deaths attributable to each of the causes in the Registrar General’s abbreviated list is shown in Table I. The age group at death and the distribution of deaths between the sexes is also shown in this table.

Pulmonary tuberculosis accounted for 7 deaths, 6 of which occurred in age groups above 45 years.

Pneumonia and bronchitis were credited with 150 deaths, 22 more than in 1968.

Cancer deaths amounted to 153, 19 fewer than in 1968. In 47 cases the cancer was situated in the lung or bronchus, a decrease of one over the previous year.

The findings at inquests held by H.M. Coroner during 1969 on Barnsley residents were as follows:

	MALE	FEMALE
1. Deaths certified from natural causes	—	—
2. Deaths certified as road traffic accidents	1	2
3. Deaths certified as occupation accidents	1	—
4. Deaths certified as home and other accidents	11	15
5. Deaths certified as suicide	5	2
6. Deaths certified as homicide	1	—

TABLE I

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1969 IN BARNSELEY C.B.

CAUSE OF DEATH	SEX	TOTAL ALL AGES	UNDER 4 WKS.	4 WKS. AND UNDER 1 YEAR	AGE IN YEARS										75 and over	
					1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74				
B4 Enteritis and Other Diarrhoeal Diseases ..	M	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—
B5 Tuberculosis of Respiratory System ..	F	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—
B6 Other Tuberculosis, including Late Effects ..	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B7 Syphilis and its Sequelae ..	F	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B17 Syphilis and its Sequelae ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(1) Malignant Neoplasm, Buccal Cavity, Etc.	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(3) Malignant Neoplasm, Stomach ..	M	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(4) Malignant Neoplasm, Intestine ..	F	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(5) Malignant Neoplasm, Larynx ..	M	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(6) Malignant Neoplasm, Lung, Bronchus ..	F	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(7) Malignant Neoplasm, Breast ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(8) Malignant Neoplasm, Uterus ..	F	39	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(9) Malignant Neoplasm, Prostate ..	M	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(11) Other Malignant Neoplasms ..	F	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B20 Benign and Unspecified Neoplasms ..	M	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B21 Diabetes Mellitus ..	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(1) Other Endocrine, Etc. Diseases ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(3) Mental Disorders ..	F	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(4) Other Diseases of Nervous System, Etc.	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B26 Chronic Rheumatic Heart Disease ..	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B27 Hypertensive Disease ..	M	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B28 Ischaemic Heart Disease ..	F	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B29 Other Forms of Heart Disease ..	M	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B30 Cerebrovascular Disease ..	F	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(5) Other Diseases of Circulatory System ..	M	122	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B31 Influenza ..	F	91	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B32 Pneumonia ..	M	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B33(1) Bronchitis and Emphysema ..	F	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(6) Other Diseases of Respiratory System ..	M	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B34 Peptic Ulcer ..	F	60	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B35 Appendicitis ..	M	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B36 Intestinal Obstruction and Hernia ..	F	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B37 Cirrhosis of Liver ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(7) Other Diseases of Digestive System ..	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B38 Nephritis and Nephrosis ..	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B39 Hyperplasia of Prostate ..	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(8) Other Diseases, Genito-Urinary System ..	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(10) Diseases of Musculo-Skeletal System ..	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B42 Congenital Anomalies ..	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B43 Birth Injury, Difficult Labour, Etc. ..	F	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B44 Other Causes of Perinatal Mortality ..	M	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and Ill Defined Conditions ..	F	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE47 Motor Vehicle Accidents ..	M	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE48 All Other Accidents ..	F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE49 Suicide and Self-Inflicted Injuries ..	M	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
BE50 All Other External Causes ..	F	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES ..	M	460	11	8	3	2	6	3	9	45	100	135	138			
	F	407	6	3	2	—	1	—	10	19	62	107	197			
GRAND TOTAL ..		867	17	11	5	2	7	3	19	64	162	242	337			

Comment:

The death rate shows a negligible decrease when compared with that for 1968. The decrease in the birth rate is more substantial and there may be several explanations for this. Unless such a fall is sustained over more than one year, attempts at interpretation of its significance can be little more than conjecture. This is particularly the case when a relatively small population group is under consideration. (Table II).

That the number of illegitimate births recorded has fallen noticeably below the 1968 level is a matter for some satisfaction. Here again, it would be unwise to form an opinion on the figures of a single year.

The fact that the 1968 record low level infant mortality figure was not equalled need not be a cause for concern. Examined against the background of the average of the figures for the past five years it is not excessive for an industrial urban area. Comparison with the National average over a five year period indeed suggests that this figure for Barnsley attains a much more satisfactory level than might be expected.

Examination of the perinatal mortality figures for 1969 is extremely interesting. For the three previous years a pattern seemed to be developing whereby stillbirths and deaths between 1 week and 1 year of age were falling steadily and the hard core of infant mortality occurred in the period between birth and the age of one week. In 1969 this pattern has changed, and the number of deaths in the first week of life was the smallest recorded since 1962.

In view of the fact that a relatively small number for a single year are involved it would be inappropriate at this stage to attempt to draw any conclusion from the analyses of these figures. Nevertheless, it is prudent to direct attention to this and to bear it in mind in making future observations.

The number of deaths attributed to cause as classified by the Registrar General are shown in Table I. Again the principal matter calling for comment is the lung cancer mortality rate. Although there was one less death from this cause than in 1968 it must be appreciated that lung cancer deaths still amount to very nearly one per week for the whole year. Public interest would almost certainly be aroused if through the year a death occurred each week from either suicide or road traffic accidents. Doubtless there would be some considerable agitation for steps to be taken to reduce such a loss of life.

PART I APPENDIX. TABLE II
Barnsley County Borough compared with those for England and Wales for Twenty Years.
Vital Statistics

YEAR	TOTAL (EST.) POPULATION	LIVE BIRTHS			DEATHS			DEATHS UNDER 1 YEAR OF AGE			MATERNAL MORTALITY		YEAR
		NUM- BER	RATE PER 1000 POP. BARNESLEY ADJUSTED	RATE FOR ENGLAND AND WALES	NUMBER BARNESLEY ADJUSTED	RATE PER 1000 POP. BARNESLEY ADJUSTED	RATE FOR ENGLAND AND WALES	NUM- BER	RATE PER 1000 LIVE BIRTHS BARNESLEY	RATE FOR ENGLAND AND WALES	RATE PER 1000 LIVE BIRTHS		
1950	75780	1444	19.06	15.8	814	10.74	11.6	50	34	29	2.03	0.86	1950
1951	74890	1342	17.92	15.5	883	11.97	12.5	43	32	29	0.73	0.79	1951
1952	74730	1374	18.38	15.3	876	11.72	11.3	53	38	27.6	0.71	0.72	1952
1953	74740	1370	18.33	15.5	813	12.83	11.4	51	37.22	26.8	0.00	0.76	1953
1954	74850	1263	16.70	15.2	759	12.43	11.3	41	32.42	25.4	1.54	0.69	1954
1955	74760	1255	16.62	15.0	826	13.02	11.7	49	39.04	24.9	0.00	0.64	1955
1956	74830	1340	17.72	15.6	804	13.21	11.7	38	29.10	23.7	0.00	0.56	1956
1957	75360	1324	17.39	16.1	802	13.19	11.5	33	24.92	23.0	0.75	0.47	1957
1958	75580	1311	17.16	16.4	812	13.31	11.7	36	27.46	22.6	0.74	0.43	1958
1959	75400	1382	18.15	16.5	837	13.65	11.6	32	23.15	22.2	0.00	0.38	1959
1960	75450	1358	17.81	17.1	825	13.55	11.5	42	30.92	21.9	0.00	0.39	1960
1961	74590	1378	18.28	17.4	871	14.33	12.0	37	26.85	21.6	0.00	0.33	1961
1962	74910	1425	18.83	18.0	844	13.96	11.9	23	16.14	21.4	0.69	0.35	1962
1963	75000	1414	18.47	18.2	839	13.76	12.2	33	23.34	20.9	0.00	0.28	1963
1964	75260	1434	18.67	18.4	845	13.80	11.3	43	29.90	20.0	0.00	0.25	1964
1965	75500	1427	18.52	18.0	828	13.26	11.5	33	23.12	19.0	0.00	0.25	1965
1966	75760	1482	19.16	17.7	865	13.69	11.7	27	18.21	19.0	0.66	0.26	1966
1967	75910	1318	17.01	17.2	796	12.68	11.2	30	22.76	18.3	0.00	0.20	1967
1968	75220	1489	19.39	16.9	876	14.20	11.9	24	16.11	18.0	0.66	0.24	1968
1969	74880	1349	17.6	16.3	867	13.8	11.9	28	21.0	18.0	0.00	0.19	1969

PART II

EPIDEMIOLOGY

“Men fear death as children fear to go in the dark;
and as that natural fear in children is increased with
tales, so is the other”.

Essays 2 of Death,
Francis Bacon, 1561—1626.

The total number of cases of infectious disease notified in Barnsley in 1969 was 360. This figure is not comparable with previous years as 1969 was the first full year in which notifications have been made in accordance with regulations made under the Health Services and Public Health Act, 1968. Under these regulations, pneumonia and puerperal pyrexia are no longer notifiable. Infectious Hepatitis and tetanus are amongst conditions added to the list. “Acute Meningitis” includes other forms of meningococcal infection than that caused by the meningococcus.

Notifications received provided information relating to the following diseases:

Scarlet Fever:

35 cases. A further decrease in the number of notifications received compared with the previous 4 years.

Diphtheria:

Once again no notifications in 1969.

Acute Meningitis:

12 notifications.

Measles:

195 notifications were received. Reference to Table II will show their distribution over the various months of the year. How far this figure has been influenced by the introduction of immunisation against measles it is difficult to say. It seems unlikely that the relatively small number of children who received the vaccine before the period when difficulties arose in its supply was a significant factor. This coupled with the increased incidence at the time of writing (May 1970) suggests that the figure for 1969 is a manifestation of the traditional cyclical incidence of measles.

Infective Jaundice:

34 cases of this condition were notified. It is not easy to determine the significance of this. In the first place, this is a relatively new addition to the recognised list of infectious diseases and as such, comparison with previous years is limited. Secondly, the disease can vary greatly in severity from a mild ambulatory upset to a fatal toxic condition. It would appear that in the past a fair proportion of the cases were so mild that medical attention may not have been sought. Follow up of the notification of cases and the publicity the disease has been receiving on the mass information media has

probably resulted in a greater number of mild cases coming to the notice of the medical profession. This in turn has resulted in such cases being notified.

Whooping Cough:

15 notifications were received. This compares with 31 in 1968.

Dysentery and Food Poisoning:

64 cases of dysentery and 5 of food poisoning were notified. The arrangements which have existed in Barnsley over the past fourteen years were continued whereby general practitioners advise the Health Department of cases of gastroenteritis and the department then investigates these and reports the results to the doctor. Thus all notifications are fully confirmed bacteriologically. This is most valuable, particularly in dealing with the families of food handlers and in the detection of healthy carriers and sub-clinical cases.

Tribute must here and now be paid to those general practitioners who loyally honour this arrangement, despite all the difficulties doing so entails.

The incidence of Sonn  dysentery at 64 cases shows a decrease from the previous year. A number of factors may contribute to this including climatic ones. The 5 cases of food poisoning which were notified are of little significance.

Comment:

Although the number of notifications of infectious disease received during 1969 was unusually small this in itself does not call for extended comment. There is no doubt that immunising procedures are a major factor in the long term elimination of infectious disease and have made the principal contribution to the present position. On the other hand, improved hygienic and economic circumstances have played their part as well. The rationalisation of the list of diseases which are statutorily notifiable has also had its effect on the figures. The elimination of pneumonia and puerperal pyrexia will, it is hoped not be balanced numerically by the addition of infectious hepatitis.

That other forms of meningitis than meningococcal are now notifiable must necessarily mean that for a time at least, more notifications of "acute meningitis" will appear in the statistics.

The position as regards measles is a most interesting one. For two years in succession the notifications have fallen to an unexpectedly low level. This fall coincided with the introduction of vaccination against measles. Reference was made to this in last year's report although then it seemed unlikely that the small number of children whose parents had accepted vaccination in Barnsley had had any real effect. However, the difficulties which arose in 1969 in obtaining supplies of suitable vaccine materially reduced even this small number. At the time of writing (May 1970) there are indications of an incidence of measles on a scale similar to the high prevalence year of the classical two-year cycle. Has the small number of immunised children in the country converted this into a three-year cycle?

The position regarding dysentery and food poisoning was again highly satisfactory as it was in 1968. Reference to Table III will show that here the incidence was uniform throughout the year. For all practical purposes the cases notified may be regarded as sporadic.

Tuberculosis:

Only 12 new cases of pulmonary tuberculosis were notified. This is the smallest number ever recorded for a year in Barnsley. There were 7 deaths from the disease. In two cases where tuberculosis was a certified cause of death, no previous notification could be traced. In both cases the deceased was over 50 years of age. There were 4 notifications of non-pulmonary tuberculosis and one death from this form of the disease.

Comment:

The figures in Table III which shows the decline in numbers of cases of tuberculosis notified in the 15 years is most impressive. It is perhaps difficult to get a more reliable measure of the effectiveness of social and preventive medicine. Comparison with 1919 shows that 50 years ago the notifications of pulmonary tuberculosis amounted to 151 and the deaths to 60. Even so, when compared with the previous 5 years, the statistics for 1919 were highly satisfactory. It could be very tempting to dilate on these figures and to exact every detail of satisfaction from them. It is perhaps better to let them stand by themselves and ask the question as to how a further improvement might be effected. Such an improvement carried to its logical conclusion could achieve the ultimate elimination of tuberculosis from the community.

Examination of the 1969 figures (Table IV) seem to confirm the view that amongst some of the older people there is an unsuspected reservoir of infection. Attention has been drawn to this in previous reports. It would seem that the most likely line of approach here is through mass miniature radiography. It is therefore particularly unfortunate that there is a possibility of the withdrawal of this most valuable procedure, at least in its present form in the near future. It is to be hoped that alternative arrangements will be provided which will not be in any way inferior to those now available.

Venereal Diseases:

The figures for new cases attending the Barnsley Special Treatment Centre and giving addresses in Barnsley were:

Syphilis	..	..	..	..	..	..	..	..	..	2
Gonorrhoea	..	..	..	..	..	..	..	..	..	28
Other conditions	..	..	..	..	..	..	..	..	..	148

Though these figures represent a decrease on the previous year they do not call for any particular comment or statistical treatment. For many years the attendance figures at the Special Treatment Centre have given the impression that venereal disease is not a serious problem in Barnsley. Those for 1969 continue to support this view.

The possibility that some Barnsley cases attend elsewhere for treatment must not be overlooked. However, in view of the standard of social work at present being done at special treatment centres throughout the country, it is unlikely that any substantial number of Barnsley residents would receive treatment in other areas without this being brought to the notice of the authority's staff.

Case histories indicate that the two cases of syphilis treated were late manifestations of the disease. The fact that such a high proportion of patients seeking treatment at the Centre were suffering from "other conditions" is most reassuring. It may be taken to indicate that health education and propaganda regarding the action to be taken after exposure to risk of infection is having some small effect.

Scabies:

The figures relating to scabies treated at the authority's clinics during 1969 are as follows:

Children

Number treated	..	..	..	..	..	..	..	172
Number of attendances	..	..	..	..	..	..	..	175

Adults

Number treated	..	..	..	..	..	..	..	74
Number of attendances	..	..	..	..	..	..	..	75

This compares with a total number of 167 treated in 1968. It is disturbing to note this increase in view of the very effective methods now available for treating this condition. It would seem that some kind of professional guidance is necessary as to the baths which form part of these methods. In view of this, arrangements were made during the year to provide an additional shower bath at Lundwood Clinic. It is to be hoped that ensuring complete and early treatment of all families who have contracted this condition will result in a rapid reduction in the number of cases calling for attention.

PART II APPENDIX. TABLE 1.
Notifiable Infectious Diseases (excluding Tuberculosis) Age and Ward Distribution, as Corrected

NOTIFIABLE DISEASES		Number of cases notified in Barnsley in 1969								Total Cases in each Ward									Home Cases	Removed to Hospital		
		All Ages	Under 1 year	1 year and under 3 years	3 years and under 5 years	5 years and under 10 years	10 years and under 15 years	15 years and under 25 years	25 years and over	North Ward	South Ward	East Ward	West Ward	South-East Ward	South-West Ward	Central Ward	Ardley Ward	Monk Bretton Ward		Carlton Ward	Kendray Isolation Hospital	St. Helen Hospital	Other Hospitals
Scarlet Fever	35	—	4	8	14	8	1	—	2	1	1	3	10	—	6	8	4	—	35	—	—	—
Whooping Cough	15	5	—	8	8	1	—	—	1	—	—	—	1	—	10	2	1	—	14	1	—	—
Measles	195	25	64	51	52	1	2	—	12	18	6	3	18	3	8	16	26	85	195	—	—	—
Acute Meningitis	12	1	1	2	3	—	3	2	—	1	1	—	1	2	—	1	2	4	—	9	2	1
Dysentery	64	5	9	10	13	5	8	14	—	—	—	7	—	1	1	21	16	18	63	1	—	—
Food Poisoning	5	—	1	1	1	—	1	1	—	—	—	—	—	1	2	—	2	—	4	1	—	—
Infective Jaundice	34	1	1	4	13	10	3	2	—	—	1	—	7	3	5	9	1	8	33	1	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	360	37	80	77	104	25	18	19	15	20	9	13	37	10	32	57	52	115	344	13	2	1

TABLE II. Notifiable Infectious Diseases (excluding Tuberculosis)
Table showing monthly prevalence during the year 1969.

NOTIFIABLE DISEASES	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
Scarlet Fever ..	4	1	2	3	2	2	6	1	5	2	2	5	35
Whooping Cough ..	1	—	4	2	2	—	—	—	1	3	2	—	15
Measles ..	9	4	1	10	46	32	40	32	11	7	1	2	195
Acute Meningitis ..	—	1	1	—	1	3	2	1	2	—	—	1	12
Dysentery ..	8	16	6	1	6	10	4	—	8	1	3	1	64
Food Poisoning ..	—	—	—	—	1	1	—	1	—	1	—	1	5
Infective Jaundice ..	2	4	1	2	4	2	1	4	1	3	7	3	34

TABLE III
Tuberculosis—Notifications and Deaths
For 15 years

YEAR	PULMONARY			OTHER FORMS OF TUBERCULOSIS			TOTAL TUBERCULOSIS DEATH RATE
	NOTIFIED	DIED	DEATH RATE PER 1000 LIVING	NOTIFIED	DIED	DEATH RATE PER 1000 LIVING	
1955	71	8	0.10	6	—	0.00	0.10
1956	62	11	0.14	8	—	0.00	0.14
1957	56	7	0.09	6	3	0.04	0.13
1958	38	8	0.10	6	1	0.01	0.11
1959	28	3	0.04	4	1	0.01	0.05
1960	32	6	0.08	3	—	0.00	0.08
1961	22	5	0.07	2	1	0.01	0.08
1962	25	18	0.24	3	—	0.00	0.24
1963	35	5	0.07	2	—	0.00	0.07
1964	23	3	0.04	1	1	0.01	0.05
1965	24	5	0.06	3	—	0.00	0.06
1966	17	5	0.06	3	—	0.00	0.06
1967	23	5	0.06	5	1	0.01	0.07
1968	21	4	0.05	2	1	0.01	0.06
1969	12	7	0.09	4	1	0.01	0.10

TABLE IV
Tuberculosis—New Cases and Deaths 1969
Classified into Age Groups

AGE PERIODS	NEW CASES				DEATHS			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	—	—	—	1	—	1	—	—
1—2 ..	—	—	—	—	—	—	—	—
2—5 ..	—	—	—	—	—	—	—	—
5—10 ..	—	—	—	—	—	—	—	—
10—15 ..	—	—	—	—	—	—	—	—
15—20 ..	—	—	—	—	—	—	—	—
20—25 ..	—	—	1	—	—	—	—	—
25—35 ..	—	—	—	—	—	—	—	—
35—45 ..	1	2	—	1	—	—	—	—
45—55 ..	3	2	—	—	—	1	—	1
55—65 ..	1	—	—	—	2	2	—	—
65—75 ..	3	—	—	—	1	—	—	—
75 and over	—	—	—	1	—	—	—	—
Totals ..	8	4	1	3	3	4	—	1

PART III

SOCIAL AND PERSONAL HEALTH SERVICES

National Health Service Acts, 1946-52

National Assistance Acts, 1948 and 1951

“A State which dwarfs its men, in order that they may be more docile instruments in its hands even for beneficial purposes—will find that with small men no great thing can really be accomplished”.

Liberty Ib. ch. 5,

John Stuart Mill, 1806—1873.

The practice found to be convenient in the past of considering these services under the heading of the section of the statute authorising their provision will be observed once more in the pages which follow:

HEALTH CENTRES

National Health Service Act, 1946, S.21

Purpose designed buildings have been provided at Laithes Lane, Athersley, Littleworth Lane, Lundwood and Hunningley Lane, Stairfoot for the services which are the authority's particular responsibility. In the planning of these buildings provision has been made to allow of expansion to accommodate services other than those provided by the authority.

The arrangements whereby two groups of practitioners use Lundwood Clinic for branch surgery accommodation and three groups Athersley Clinic were continued throughout the year. The similar arrangement for providing one group with accommodation at New Street Clinic was also continued. In all three cases the accommodation used was initially designed for local authority clinic purposes. The successful completion of negotiations with the Barnsley Executive Council whereby it has become possible to provide purpose built general practice suites at Lundwood and Athersley Clinics is most welcome. Difficulties arose at first largely from the fact that technically the provision of this accommodation converts the clinics into health centres. However, with good will on the part of all concerned, these were eventually overcome. Building operations were commenced in August, 1969 but were not complete by the end of the year.

It would appear that the designation of the buildings matters little. The important thing is that the provision of this accommodation will enable the home nurses, health visitors and domiciliary midwives to work under the same roof and at the same time as the practitioners without either getting in each other's way. This can not be other than beneficial to the community which receives care and attention from all of them.

CARE OF MOTHERS AND YOUNG CHILDREN

National Health Service Act, 1946, S.22

The services provided under this section at the end of 1969 were available at:

1. The Medical Services Clinic, New Street, Barnsley.
2. Clinic, Laithes Lane, Athersley.
3. Clinic, Littleworth Lane, Lundwood.
4. Clinic, Hunningley Lane, Stairfoot.
5. Carlton Clinic, Carlton.
6. The Old Council Offices, Monk Bretton.
7. Jordan House, Gawber Road.

BARNSLEY, ATHERSLEY, ARDSLEY, LUNDWOOD AND CARLTON ANTE-NATAL CLINICS

Ante-Natal and Post-Natal Clinics:

Ante-Natal Clinics:	BARNSLEY	ATHERSLEY	STAIRFOOT	LUNDWOOD	CARLTON	TOTAL
1. No. of sessions held during year	54	53	52	48	25.5	232.5
2. No. of women who attended during the year	176	117	120	118	48	579
3. No. of new cases included in the above	125	78	79	93	32	407
4. No. of attendances made during the year	688	405	314	369	163	1,939
Post-Natal Clinics:						
1. No. of sessions held during year	3	—	—	—	—	3
2. No. of women who attended during the year	3	—	—	—	—	3
3. No. of new cases included in the above	3	—	—	—	—	3
4. No. of attendances made during the year	3	—	—	—	—	3

Note:

- Of Barnsley's 176 Ante-Natal Cases 10 were transferred to St. Helen Hospital.
- Of Athersley's 117 Ante-Natal Cases 6 were transferred to St. Helen Hospital.
- Of Stairfoot's 120 Ante-Natal Cases 7 were transferred to St. Helen Hospital.
- Of Lundwood's 118 Ante-Natal Cases 9 were transferred to St. Helen Hospital.
- Of Carlton's 48 Ante-Natal Cases 2 were transferred to St. Helen Hospital.
- 380 Maternity Outfits were issued to patients during the year.

Barnsley, Athersley, Stairfoot, Lundwood, Carlton, Jordan House & Monk Bretton Infant Welfare Clinics

INFANT WELFARE	BARNSELEY	ATHERSLEY	STAIRFOOT	LUNDWOOD	CARLTON	JORDAN HOUSE	MONK BRETTON	TOTAL
1. No. of sessions held during year at centres	146	90	100	51	25.5	100	50	562.5
2. No. of children who first attended at a centre during the year and at their first attendance were under 1 year of age	403	261	183	158	49	148	154	1,356
3. No. of children who attended during the year and who were born in:—								
1969.. . . .	356	222	170	121	34	61	94	1,058
1968.. . . .	365	220	186	111	41	140	120	1,183
1967-64	239	201	151	102	23	43	94	853
4. Total No. of children who attended during the year	960	643	507	334	98	244	308	3,094
5. No. of attendances during the year made by children who at the date of attendance were:—								
0-1 years.. . .	3,298	2,419	1,656	1,302	531	1,856	1,173	12,235
1-2 years.. . .	856	525	527	288	78	414	380	3,068
2-5 years.. . .	278	171	126	103	27	77	64	846
6. Total No. of attendances made during the year	4,432	3,115	2,309	1,693	636	2,347	1,617	16,149

Note:—Of Barnsley's 960 Infant Welfare cases, 55 attended the Paediatric clinic at New Street Clinic, and made 110 attendances in 40 sessions.

In addition 86 school children made 135 attendances at the Paediatric Clinic at New Street Clinic.

179 children were referred to Specialists during the year.

Dental Care of Mothers and Young Children 1969:

Mr. G. White, L.D.S., Chief Dental Officer, reports:

1. Expectant and Nursing Mothers

The steady fall in the demand for treatment in this category which has taken place over the past 5 years is accentuated this year with numbers for extractions, fillings and dentures down to almost half the corresponding totals in the previous year. Unfortunately, this does not suggest a dramatic improvement in the dental health of Barnsley's mothers. A more logical explanation would be:

- (a) The acute shortage of qualified staff which prevented the authority's clinics operating on a full time basis and
- (b) More of the mothers are becoming regular patients of general dental practitioners who can provide treatment on a more permanent and therefore more satisfactory basis whilst still being able to offer free treatment during pregnancy and for the ensuing year.

Thus the role of the authority in this field is regarded as an emergency service and whole sessions have not been devoted to it.

2. Children under 5 years of age

The treatment of pre-school children suffered a blow during the year when the dental auxiliary said her last bye-bye's to a large following of dentally enlightened under fives. Mrs. Rowntree, during her five years with the authority made great progress in the previously neglected field of dental health education. With her brightly painted posters, games and charming chairside manner she was undoubtedly the most popular 'dentist' in town.

Efforts to obtain a replacement auxiliary have been fruitless. They are now in great demand and as with dental officers who can pick and choose in which part of the country they wish to work and live, they inevitably decide on the more 'desirable' areas despite the writer's assurance that Barnsley comes under this category.

Nevertheless, a newly qualified dentist, Mr. D. Nteka, was recruited from Sheffield University in September and it is pleasing to report that he is already very popular with the young children to whom he is not 'the dentist' but 'Uncle Danny.'

3. General

In a year in which the number of qualified staff has fallen by half, it is hoped that the position can only get better. However, at the present time, with the "Green Paper" in the offing and the "Maud Report" about to be made a reality, no doubt to the detriment of Barnsley as a local authority, there is little incentive for professional people to come into the service.

The statistics for 1969 are presented as follows:

Dental Services for Expectant and Nursing Mothers and Children under 5 years—statistics for 1969:

A. Attendances and Treatment:

Number of Visits for Treatment During Year:

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
First Visit	126	44
Subsequent Visits	83	64
Total Visits	209	108
Number of Additional Courses of Treatment other than the First Course commenced during year	—	—
Treatment provided during the year:		
Number of Fillings	71	28
Teeth Filled	65	25
Teeth Extracted	223	81
General Anaesthetics given	88	14
Emergency Visits by Patients	53	15
Patients X-Rayed	1	4
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	13	5
Teeth Otherwise Conserved	—	—
Teeth Root Filled	—	1
Inlays	—	—
Crowns	—	—
Number of Courses of Treatment Completed during the year	37	23

B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time) ..	7
Patients Supplied with Other Dentures	6
Number of Dentures Supplied	20

C. Anaesthetics

General Anaesthetics Administered by Dental Officers	4
--	---

D. Inspections

	CHILDREN 0-4 (INCL.)	EXPECTANT AND NURSING MOTHERS
Number of Patients given First Inspections During Year	88	26
Number of Patients in A and D above who required Treatment	57	21
Number of Patients in B and E above who were offered treatment	57	21

E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:

For Treatment	35
For Health Education	—

Orthopaedic Clinic:

The report of the work at the orthopaedic clinic for children under school age during the year is as follows:

Inspections at the Clinic:

Visits of Orthopaedic Surgeon	..	..	..	..	..	..	13
-------------------------------	----	----	----	----	----	----	----

Number of cases seen:

New patients	..	..	..	..	..	..	..	..	80
Re-examinations	..	..	..	..	..	..	..	..	121

Relaxation Classes: (carried out by midwives):

		NEW STREET	ATHERSLEY	STAIR- FOOT	LUNDWOOD	TOTAL
Sessions...	..	108	55	44	41	248
New patients	..	189	46	64	41	340
Total attendances		793	311	334	185	1,623

Children requiring surgical appliances have obtained these through the Beckett Hospital, Barnsley.

Psychiatric Services:

A Child Psychiatrist who conducts Child Guidance Clinics at the Education Authority's Centre is available to advise the medical and nursing staff on general and individual problems of emotional development and behaviour. Both mental health officers who are allocated to work in the child guidance team are State Registered Nurses and hold the Health Visitor's Certificate. They are also responsible for all mental health work amongst handicapped children of all ages.

Other Specialist Services:

The Consultant Ear, Nose and Throat Surgeon, the Ophthalmologist and the Paediatrician, who hold consultant clinics for school children are available for and see children under school age. When the authority is able to obtain the services of a speech therapist these are available for children under 5. Unfortunately, this post has been vacant since 1st September, 1968. Two children under the age of 5 attended the audiology technician for audiometric testing before this post also became vacant on 31st January, 1969.

Nursing Homes:

There are no nursing homes in the County Borough.

Homes for Mothers and Babies:

"*Ad hoc*" arrangements for expectant mothers were made with voluntary bodies in 10 cases during the year. This compares with 12 in 1968.

The "At Risk" Register

This was maintained throughout the year following the arrangements described in previous reports. The children on the register were kept under constant review and every effort was strained to ensure that as soon as a child was found to qualify for removal from the register, it was erased from it. Only if this is done can entry on the register fulfil its purpose.

In addition to the register maintained for children at risk for purely physical reasons is the "Special at Risk" register which was also continued. This contains the names of those children who are born into a few families whose history has shown that children born into them are at "special" risk for one reason or another, usually because the family is of the "problem" type or because there have been infant deaths in the family before. The risk here is not that the child should eventually prove to be handicapped but that there is a special risk—usually right from the beginning—that this child in such a family may die if special care and attention are not given. Some illegitimate births come into this category also. Families placed on this "special at risk" register are given very special attention designed towards avoiding "avoidable" risks to children born into such families. In fact most of them are on the register referred to in the section of this report which deals with "children likely to be neglected in their own homes."

At Risk Children

Remaining on the register at 31.12.69.

Simply at risk	..	..	..	..	..	..	..	..	222
Special at risk register	..	..	..	..	..	..	..	..	329
Live births during 1969	..	..	..	..	..	..	..	..	1349

Family Planning

Following receipt of Ministry of Health Circular No. 5/66, consideration was given by the authority as to the most satisfactory method of providing family planning advice for women requiring this for medical reasons. The Barnsley Branch of the Family Planning Association was already providing facilities in the town for those who sought it from them and a fee was chargeable. Discussions took place with the Association and an annual grant of £250 is made on the understanding that cases specifically referred by the authority would be advised without cost.

This arrangement has operated most successfully and now covers cases referred for social reasons as well. Thus the Barnsley Branch of the Association acts for the authority which is represented on the branch committee.

Distribution of Welfare Foods

As in the past the practice was continued of making available certain proprietary brands of dried milk and other proprietary diet supplements at a reduced price. This concession is, of course, subject to the preparation being recommended by a member of the medical staff. The total receipts resulting from these transactions in 1969 amounted to £3,550 17s. 2d., (£3,943 15s. 0d. in 1968).

WELFARE FOODS

	BARNESLEY	ATHERSLEY	STAIRFOOT	LUNDWOOD	JORDAN HOUSE	MONK BRETTON	TOTAL
Free Issues							
DRIED MILK							
Total cost to the committee:							
1968	NIL	NIL	NIL	NIL	NIL	NIL	NIL
1969	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Receipts for the year:							
1968 Dried Milk.. .. .	£1,641 1 2	£514 0 5	£553 12 10	£331 8 6	£488 19 2	£393 3 6	£3,934 15 10
Welfare Foods	£1,098 17 2	£160 16 2	£184 10 6	£143 14 0	£166 14 10	£175 14 2	£1,940 11 10
1969							
Dried Milk	£1,453 11 9	£447 7 9	£459 6 7	£285 16 11	£522 2 0	£382 12 2	£3,550 17 2
Welfare Foods	£692 13 2	£243 1 6	£216 8 4	£144 19 8	£195 9 8	£158 3 6	£1,920 15 10

WELFARE FOODS

NATIONAL DRIED MILK											
	COD LIVER OIL		VITAMIN A & D TABLETS		ORANGE JUICE		FULL CREAM			HALF CREAM	
	Free	Paid	Free	Paid	Free	Paid	Free	Paid	Full Price	Free	Full Price
BARNSELY	202	414	36	448	822	6,192	248	684	1,935	—	2
ATHERSLEY	47	94	13	76	232	1,187	106	198	619	—	—
STAIRFOOT	69	50	5	104	278	1,577	48	107	402	—	—
LUNDWOOD	25	66	6	172	129	874	165	166	267	—	—
JORDAN HOUSE ..	17	101	2	96	83	1,627	5	95	281	—	—
MONK BRETTON ..	5	78	—	53	3	1,602	2	36	143	—	—
	365	803	62	949	1,547	13,059	574	1,286	3,647	—	2

The health authority undertakes the distribution of the various Welfare Foods and diet supplements provided by the Department of Health and Social Security, in continuation of the scheme previously operated by the Ministry of Food from local food offices. The organisation described in previous reports has operated well and no difficulties in working it were encountered.

Comment:

The variations in the attendance figures at the authority's clinics when compared with 1968 call for little comment. Medical staffing has remained constant. This has undoubtedly been a factor in the slight increase in attendances despite the fall in this number when compared with the years previous to 1967.

It would be wrong to base any conclusions on these figures by themselves in a part of a service which is gradually evolving to a much more closely integrated one. Clinic attendance figures considered in isolation without examination of the field work carried out by the health visitors give little idea of the overall care provided by the authority for mothers and young children. This will become more and more the case when extensions at the clinics allow of health visitors being available to advise and take instructions whilst general practitioners are holding surgery sessions. This will undoubtedly be very much more convenient for the community. In being so it will inevitably result in a much better use being made of the authority's resources.

Full use was made of the specialist services provided, though recruitment difficulties have temporarily prevented the provision of physiotherapy, speech therapy and audiometer screening during 1969.

MIDWIFERY

National Health Service Act 1946, S.23

At the end of 1969, 8 midwives, 4 of them approved teacher midwives were in post. Details relating to the staff are contained in the list at the back of this report.

The non-medical supervisor of midwives combines these duties with those of superintendent home nurse. The duties of deputy non-medical supervisor were combined with those of assistant superintendent home nurse until the retirement of Miss Chamberlain in March. Since then, Miss Abbott, deputy superintendent health visitor has undertaken the duties of deputy non-medical superintendent of midwives. The arrangements are such that an administrative officer is available on call at all times to ensure proper deployment of the midwives and allocation of duties. The midwives have a room at the district nursing centre adjacent to New Street Clinic where facilities exist for the sorting and stocking of their bags and exchange of equipment. This has proved to be of great value to them as it provides facilities (sterilisation, etc.) not normally available in the homes and offers them a common ground for discussion and exchange of ideas.

Medical Aid

Medical aid was summoned in accordance with the provisions of Section 14(1) of the Midwives Act 1951 as follows:—

(i) Where the medical practitioner had arranged to provide the patient with maternity services under the National Health Service	25
(ii) Other	3

Domiciliary Midwifery and Institutional Confinement

During 1969 in Barnsley:—

95 women who booked a doctor were attended by municipal midwives and a doctor was present during labour.

10 women who booked a doctor were attended by municipal midwives and a doctor was present at delivery.

12 women who booked a doctor were attended by municipal midwives and a doctor was present during labour and at the time of delivery of the child.

256 women who booked a doctor were attended by municipal midwives and a doctor was not present at either labour or delivery of the child.

781 women who were confined in hospital were discharged before the 10th day of the puerperium. They were attended between the time of discharge and the 14th day by domiciliary midwives provided by the health authority (623 in 1968).

966 visits were paid to women who were discharged from hospital after 10 days and under the 14th day.

5,883 visits were paid by midwives during the puerperium (up to the 14th day) to patients delivered at home (7,459 in 1968).

69 post-natal visits were paid by midwives (after the 14th day).
2,157 ante-natal visits were paid to women in their own homes by the authority's midwives (2,747 in 1968).
270 other visits were paid by midwives.
345 attendances at ante-natal clinics were made by midwives.
1,802 attendances were made by expectant mothers to ante-natal classes including relaxation exercises (held by midwives).
No. of miscarriages attended—4.

Analgesia Supplied

The Tecota Mark 6 Inhaler
Pethidine Hydrochloride
Dechloralphenazone Tablets
“Entonox” (Nitrous Oxide 50% and Oxygen 50%)

Supervision of Midwives

Every aspect of the work of the midwife was supervised during the year.

Test for Congenital Dislocation of Hip

The test is carried out on all babies by the midwives. One case was diagnosed during the year.

Obstetric Emergency Service

The obstetric team was called out once by the domiciliary service as follows:—

(i) Ante partum haemorrhage.

Midwifery Education

Second Part Midwifery Training: 13 pupil midwives completed 3 months domiciliary training.
Obstetric Course: 18 student nurses had a 5 day domiciliary course.

Observation Visits

38 student nurses from the Beckett Hospital spent a day with the service.

2 police cadets spent 1 day with the service.

All were introduced to the Domiciliary Midwifery and Allied Services by way of talks and visits.

Post-Graduate Courses

1 midwife attended the course as requested by the Central Midwives Board.

7 midwives attended a Sisters Study Day at the Jessop Hospital, Sheffield.

2 midwives attended a Relaxation Course at Grantley Hall.

Health Education

33 Courses consisting of 8 classes were held during the year for mothercraft and relaxation. Midwives and health visitors gave the talks.

Comment:

The fall in the birth rate is reflected as might be expected in slightly smaller figures for the work done by the midwives. The only figures in which an increase has been recorded are those for discharge from hospital before the 10th day and for attendances at ante-natal and relaxation classes.

As the service has worked happily and satisfactorily throughout the year, further comment would be superfluous.

HEALTH VISITING SERVICE

National Health Service Act, 1946, S.24

The figures showing the number of visits made by health visitors during 1969 as compared with those of the two previous years are as follows:

	1967	1968	1969
Children under 5 years visited for the first time ..	6167	6471	5789
Children under 1 year: 1st visit	1259	1415	1287
Total	6167	6144	6121
Children between 1 and 2 years visited	4139	4407	4877
Children between 2 and 5 years visited	8134	9580	8283
Total number of visits made to children under 5 years	17877	20131	19281
Expectant Mothers: 1st Visit	461	609	540
Total Visits.. .. .	719	999	864
Neonatal Death Enquiries	22	26	32
Stillbirth Enquiries	26	24	40
Visits to Tuberculous Households	370	385	308
Visits re non-Tuberculous chest conditions	125	274	182
Gastro-Enteritis enquiries	2167	1959	1200
Ineffective visits	4049	5824	3711
Total Households visited	18242	25953	20272
Geriatric visits (to persons aged 65 and over)	3185	4233	4465
Visits to the mentally disordered	87	113	86
Visits to chronic sick persons under 65 years of age..	595	893	601
Hospital after-care visits	145	153	179
Social and Moral Welfare visits	968	1314	922
Visits to problem families	1575	2580	1756
Visits to households re infectious diseases	1800	2409	1849

On 31st December, 1969, the staff in post was as follows:

Superintendent Health Visitor and School Nurse	1
Deputy Superintendent Health Visitor and School Nurse ..	1
Senior Health Visitor and School Nurse.. .. .	4
Area Health Visitor and School Nurse	9
State Registered Nurse	2
State Enrolled Nurse	5
Student Health Visitor (Leeds University)	2

Certain staff changes took place during the year and these are indicated in the staff list at the end of the report.

The changes in the pattern of the health visitor's work described in previous reports continued during 1969. The effects of fewer births and less infectious disease coupled with an increase in the number of aged people calling for observation are evident in the figures for the year. This fails to give a complete picture of the extent of these changes. Not only are more visits being paid to the elderly but the time spent on each visit is necessarily increased, if the information necessary to assess needs is to be elicited.

The classes in mothercraft and relaxation classes have been carried on throughout the year. These classes are a joint effort between the domiciliary midwives and health visitors. A measure of their success is that the health visitors meet the expectant mothers at the classes with the midwives and so do not need to make so many ante-natal visits as in the past. They are thus able to devote more attention to problem families and "at risk" children.

Apart from what may be termed clinical and social work duties, the health visitors undertake a great deal of educational work. Much of this is particularly difficult to record statistically or to show in a return by figures. Mention of it is made in various parts of the annual report under such headings as Health Education and work of the school nurses (the school nurses are in fact the health visitors wearing "different hats").

Co-operation between General Practitioners and the Health Visiting Staff:

In previous reports, reference has been made under this heading to the great difficulties which lie in the way of direct attachment of health visitors to practices or groups of doctors in Barnsley. It has been emphasised that despite this, every effort has been strained to maintain close contact between the service and the doctors even if this can only be achieved informally.

During 1969, liasion was continued along these lines. Co-operation has greatly improved in those areas where the health visitors and general practitioners are working under the same roof. A further improvement

may be expected when the doctors are provided with their purpose designed surgery suites at Lundwood and Athersley Clinics. This will reduce congestion and will enable both practitioners and health visitors to hold their respective sessions at the same time and will make possible better communication.

Arrangements for follow-up of Hospital Cases by Health Visitors:

Mention of this is made in that part of the report devoted to Care and After-Care and it would seem that this is where such arrangements should be described. However, the greater part of medico-social work in the community is done on behalf of the local health authority by the health visitors and mention of these arrangements is made here in compliance with Circular 1/70.

Close contact is maintained between the Medical Officer of Health and the Superintendent Health Visitor. Lists of patients discharged and the requirements of any special cases are forwarded as and when necessary. The Medical Officer also receives copies of "out-patient and discharge letters" from the Consultant Paediatrician where follow-up appears necessary in the case of children attending local hospitals. In the case of geriatric patients, their problems are reviewed each week at a case conference between the Consultant Geriatrician and the health authority's staff.

In addition to this, a senior health visitor attends every hospital paediatric clinic in Barnsley as well as other hospital out-patients where her services are likely to be required. This includes chest hospitals and clinics, geriatric clinics and the special treatment clinic. In all, the health visiting staff attended some 311 hospital sessions during the year.

Comment:

Apart from the changes in the pattern of work to which reference has already been made, the year's work offers little opportunity for comment. The staffing and recruitment position has remained fairly static over the past few years. The authority's training scheme seems to attract about enough new entrants to the service to make good the wastage which results from health visitors entering other fields of nursing and retirement.

In addition to this purely statistical study of the health visitors' work, reference to various aspects of the medico-social work undertaken by them appears in that part of the report devoted to care and after-care. It is most important that this should be understood and that the full extent of the health visitors' participation in the authority's activities should be appreciated.

HOME NURSING SERVICE

National Health Service Act, 1946, S.25

The figures for the past five years are as follows:—

	1965	1966	1967	1968	1969
Cases	2,044	2,031	1,919	1,890	2,016
Visits	37,172	36,461	34,992	40,226	42,597
Whole-time nurses	16	16	16	16	16
Part-time nurses					3

An analysis of the cases nursed during the year is as follows:—

TYPE OF CASE	NUMBER OF CASES	NO. OF VISITS PAID TO THESE PATIENTS
Tuberculosis	8	613
Influenza	3	7
Pneumonia	25	237
Maternal Complications	16	151
Erysipelas	—	—
Infectious Diseases	—	—
Miscarriage	2	6
Carcinoma	117	3,274
Burns and Scalds	22	285
Diabetes	39	4,307
Post-operative	212	2,783
Bones and Joints	102	3,405
Eye, Ear, Nose and Throat	101	270
Cerebral Haemorrhage	91	2,807
Cardiac	83	2,710
Circulatory	281	5,735
Chest, other than pneumonia	267	5,912
Skin	33	1,040
Others	614	9,055
	2,016	42,597

Patients in the above figures who attended clinics:—

Visits only	3,139
---------------------	-------

Types of injections given:

Insulin	25	3,454
Penicillin	287	1,132
Streptomycin	9	1,106
Diuretic	37	977
Haematinic	103	1,438
Sedative	41	1,070
Others	408	10,228
	910	19,405

Night Service:

	NUMBER OF CASES	NO. OF VISITS PAID TO THESE PATIENTS
Cases visited between 8.00 p.m. and 6.00 a.m. (included in the above figures)	154	1,161
Night care cases 	14	29

Age Groups Nursed:

Under 5 years 	137	662
5-15 years 	71	223
15-65 years 	790	14,931
Over 65 years 	1,018	26,781
	2,016	42,597

Discharges:

Convalescent 	612
Hospital 	243
Died 	183
For other causes 	481
	1,519

Chiropody sessions 	149
--	-----

Staff:

The Home Nursing staff is shown in the staff list at the back of the report.

Report of the Superintendent Nurse

During 1969 the District Nursing Service was deeply interested in two fields of work—the total care of the geriatric and handicapped patient and nurse education.

For the geriatric and handicapped patient a bathing scheme has been inaugurated. Suitable patients are transported to the Handicapped Persons Centre and there attend the bathing clinic. The clinic is manned by two trained nurses who bath and give the necessary foot and hair toilet. After the bath the patient is able to join the other attenders for conversation and if so desired, take advantage of a light refreshment service. At the end of the clinic, transport is again provided for the return journey. The principles of this service are to give the opportunity of bathing under ideal conditions to people to whom, for a physical or domestic reason this is impossible at home. From the social aspect, a complete change of environment and the opportunity to mix with other people is provided by the scheme.

Nurse education is ever foremost in the thoughts of the profession to provide facilities to train and equip the nurse to be able to meet the demands of modern techniques and social services. Two schemes were started in the County Borough and proved successful. The first was an integrated scheme with St. Helen Hospital for assessment for State Enrolment and the Queen's Institute of District Nursing Certificate. The other, whereby the State Enrolled Nurse whose name was on the Roll of the General Nursing Council took a course of instruction in the fields of public health and district nursing and was awarded a certificate by the Queen's Institute.

The work of the district nursing sister was a little more variable but mostly concerned with the elderly sick and all the problems associated. During the summer months the demand on the service was exceptionally high in comparison to previous years. No outstanding reason accounted for this.

Throughout the year each member of staff contributed the best of herself to the service, helping to give a high standard of nursing, making new schemes successful, taking every occasion to increase her knowledge by attending lectures or discussions and trying out new methods, the aim being "What is best for the patient."

Night Visiting Service

This service did very useful work during the year, the number of cases increasing by a third. The pattern remained the same—a rota system by which the nursing staff covered a night duty in turn was followed.

Night Care Scheme

This service complemented the night visiting service and has proved extremely effective and important. Many seriously ill patients have been able to remain in their own homes when desired and relatives have been relieved of their responsibilities for short periods.

Home Nursing Clinics

These were held in the health centres in the County Borough according to demand. Again there was a slight decrease in attendances.

Disposable or Pre-sterilised Dressing Packs

These are now an essential part of the service, making the work of the nursing sister easier and more proficient.

Provision of Incontinent Equipment

During the year this service increased in demand, the public becoming more aware of the facilities. Requests were made for all age groups but the demand made for handicapped children was outstanding.

Chiropody

The same principle was adhered to as in previous years. The patient was vetted by an S.E.N. and if necessary referred to the chiropodist.

Loan and Linen Service

The importance of this service cannot be over emphasised in the care of the patient and the figures increased by almost a third over the previous year.

Rehabilitation Aids

A very wide selection of aids are made available to the public and are appreciated but unfortunately, a small section do not realise the importance of returning the equipment when finished with. Consequently, a waiting list was formed which caused inconvenience to some and houses had to be visited to trace articles. Occasionally an aid was lost completely, the borrower having passed it on to a relative or friend and this in spite of signing to take the responsibility of caring for and returning the aid.

Post-Graduate Courses

2 nursing sisters attended a course arranged by the Queen's Institute of District Nursing.

Nurse Education

- National Certificate in District Nursing:
 - 6 State Registered Nurses completed the approved course of training and obtained the certificate.
- Integrated Course leading to State Enrolment and Queen's Institute Certificate in District Nursing for State Enrolled Nurses:
 - 4 pupil nurses from St. Helen Hospital completed the course, were enrolled and obtained the certificate.
- Certificate in Home Nursing of the Queen's Institute with Public Health Endorsement:
 - 2 State Enrolled Nurses completed the course and obtained the certificate with endorsement.
- Observation Visits:
 - 39 student nurses (Beckett Hospital) spent 2 days observing the work of the service.
 - 39 pupil nurses (St. Helen Hospital) spent 14 days with the service.
 - 38 pupil nurses (St. Helen Hospital) spent 2 days with the service.
 - 6 police cadets spent 1 day with the service.

Loans—Statistics—1969

The following figures relate to the loan of sick room requisites to those nursed at home during 1969:

ARTICLES LOANED	LOANED		STILL ON LOAN	
	DURING YEAR		AT END OF YEAR	
Air rings	57		42	
Chairs	55		45	
Rubber sheets	27		30	
Cradles	26		33	
Crutches (pairs)	11		10	
Urinals	97		85	
Bedpans	178		108	
Bedrests	94		60	
Sorbo beds	25		23	
Draw sheets	74		51	
Mackintosh	—		1	
Bedsteads	17		22	
Cots	1		—	
Pulley and Fittings	5		9	

ARTICLES LOANED	LOANED DURING YEAR	STILL ON LOAN AT END OF YEAR
Commodes	46	68
Walking aids	87	86
Walking sticks	19	17
Wooden bath seats	15	18
Inflatable lavatory seats	—	6
Fracture Boards	3	29
Bath rails	4	10
Night gowns	—	2
Large sheets	2	2
Bath mats	13	28
Toilet Frames	1	2
Seat unit	—	1
Cot sides	1	1

Visits paid by staff to check on loans—186.

Articles laundered—18,193.

Comment:

The report of the Superintendent Nurse covers most, if not all the points calling for comment. However, some of these deserve emphasis.

That much of the increase in the number of the over 65's in the community arises from the fact that more and more people are surviving into the over 80 age group and even into the over 90 is perhaps first appreciated by the Home Nursing Service. These groups are naturally more frail and fragile and their requirements for nursing care are therefore much more exacting. Thus, increases in the number of geriatric patients cared for and the number of nursing visits paid does not give a true indication of the nature of the increasing demands which are falling on the Home Nursing Service.

Mention is made of expedients such as the special night care scheme and the bathing clinics which underwent development during the year. Such expedients are useful in that they contribute to making the best use of the trained nursing staff available. There is a limit, however, beyond which further developments of this kind become impracticable. When this happens, substantial increases in staff are the only method by which the authority's obligations can be met. Having regard to the demands which the service experienced during 1969 the point would appear to have been reached when thought must be given to increasing the authority's establishment of home nurses.

Attention given to nurse education is another feature of the work of the Home Nursing Service in 1969. There is little point in increasing the authority's establishment if no nurses with appropriate training are available to fill the additional posts which this would create. At first sight it would seem that this is the motive stimulating this interest in educational matters. No doubt it is necessary to ensure a reserve of trained personnel but the future of the Health Service calls for much broader thinking than this.

More and more it is becoming apparent that closer links and greater integration between hospital and community care will be necessary if the National Health Service is to maintain even its present standards. Future developments and improvement of standards would seem to be most readily achieved on the lines of total patient care. In these circumstances it is most necessary that the nurses of the future should start their careers with an appreciation of the part nursing care in the community plays in this. It is also important that trained nursing staff should grow used to the idea that the duties of the hospital sister and the home nursing sister are complementary. This will ensure improved communications if it does not eventually result in a free interchange between hospital and community nursing staffs.

VACCINATION AND IMMUNISATION

National Health Service Act 1946, S.26

Vaccination against Smallpox:

AGE AT DATE OF VACCINATION				NUMBER VACCINATED	NUMBER RE-VACCINATED
0-3 months	..	..	..	—	—
3-6 months	..	..	..	—	—
6-9 months	..	..	..	1	—
9-12 months	..	..	..	5	—
1 year	..	..	..	281	1
2-4 years	..	..	..	103	12
5-15 years	..	..	..	34	31
Over 15 years	..	..	..	55	231
TOTAL				479	275

Immunisation against Diphtheria (in combination)

CHILDREN BORN IN YEAR	NO. OF CHILDREN COMPLETING COURSE OF PRIMARY INJECTIONS IN 1969	NO. HAVING RE-INFORCING DOSE IN 1968	TOTAL
1969	27	—	27
1968	607	265	872
1967	50	437	487
1966	9	31	40
1965-1962	107	744	851
Others under 16 years	3	13	16
Others over 16 years	1	—	1
TOTAL	804	1,490	2,294

Immunisation against Whooping Cough (in combination) number completing Primary Course

YEAR OF BIRTH	NUMBER OF CHILDREN
1969	26
1968	593
1967	46
1966	7
1965-1962	25
Others under 16 years	—
Others over 16 years	1
	—
TOTAL	698
	—

Vaccination against Measles

YEAR OF BIRTH	NUMBER OF CHILDREN
1969	—
1968	117
1967	141
1966	58
1965-1962	65
Others under 16 years	4
Others over 16 years	—
	—
TOTAL	385
	—

Immunisation against Tetanus

820 children received a course of immunisation against tetanus, either combined with other antigens or against this condition alone.

A further 94 persons over the age of 16 years were also immunised against this disease.

The Casualty Department at Beckett Hospital is provided with a record of all persons immunised against tetanus.

Immunisation against Poliomyelitis

	Oral Vaccine		
	NO. GIVEN 3 DOSES DURING THE YEAR	NUMBER WHO AT 31.12.69 HAD RECEIVED	
		1 DOSE ONLY	2 DOSES
Children born 1969	19	139	295
Children born 1968	676	64	199
Children born 1967	75	25	22
Children born 1966	26	18	16
Children born 1965-1962 ..	266	15	22
Children under 16 years ..	209	1	1
Others over 16 years.. ..	151	52	28
	1,422	314	583

No. of individuals given reinforcing doses of Oral Vaccine during the year—7,496.

No Salk type injections were given during the year.

Immunisation against Typhoid and Para-Typhoid Fevers

5 injections of this type were given during the year to hospital staff.

Immunisation against Anthrax

4 Abattoir employees were given a reinforcing dose of anthrax vaccine and 2 further employees began a primary course during the year.

Yellow Fever Vaccination

The arrangements for this service remained unchanged during the year. All injections of this type are given at the Medical Services Clinic, New Street, Barnsley. A fee of £1. 1. 0. is charged and an International Certificate of Vaccination is supplied.

The number of persons vaccinated against Yellow Fever during the year was:

Adults	..	..	..	..	120
Children	..	..	..	..	30
					150

Vaccination against Influenza

During 1969 vaccinations against influenza were given in January and again in the autumn months. 821 members of the adult and junior training centres, Mount Vernon School, residential homes and children's homes and certain local authority staff received vaccination. A further 811 vaccinations were given to local hospitals' staff and patients.

Vaccination and Immunisation Facilities

All expectant and nursing mothers, infants, toddlers and school children can receive immunisation or vaccination against any of the diseases included in the authority's programme at any of the appropriate doctor's sessions held in any of the authority's clinic premises. If, of course, the medical officer in charge finds some contra-indication for carrying out the procedure, the patient will be advised accordingly. In addition to these arrangements, the special sessions for immunisation and vaccination were continued at New Street Clinic throughout the year.

Comment:

The number receiving protection against smallpox, both by primary vaccination and re-vaccination showed little material variation from 1968. This is not unexpected in view of the fact that no importation of the disease into the United Kingdom was reported. Consequently, demands for vaccination prompted by panic were not experienced.

The figures relating to immunisation against diphtheria, whooping cough and tetanus at first appear to be disappointing when compared with previous years. This is more apparent than real when it is borne in mind that 1969 was the first full year during which commencement of immunisation was delayed till after the sixth month of age in order to conform with modern immunological thinking. It has been shown that a better response is obtained if immunisation is commenced at this age when the immunity which infants inherit from their mothers has declined. Completion is effected with the 3rd injection spaced at least 6 months from the 2nd. It will be seen then that the alteration to this schedule will result in an apparent diminution of numbers accepting immunisation in the year it is first adopted.

Examination of the figures for poliomyelitis vaccination where statistics of the first and second doses are recorded will give a truer picture of the situation. Furthermore, in assessing these figures, the appreciable decrease in the number of births recorded must be taken into account. It will be observed that there was a substantial increase in the number of people receiving reinforcing doses of oral poliomyelitis vaccine. This is a result of the policy of offering reinforcing doses of the vaccine to school children when cases of poliomyelitis have been reported as they were towards the end of the year in areas not greatly distant from Barnsley.

Vaccination against influenza was offered to hospital staffs, old folk in residential accommodation and hospital and other priority groups early in January as soon as a vaccine with a possible high degree of effectiveness became available. This offer was repeated during the autumn to provide protection should an outbreak of the disease occur in the winter of 1969/70.

It is recognised that influenza vaccines may be of limited effectiveness. Even this is dependant on the vaccine having been prepared from a virus antigenically identical with the one causing infection. The explanation of how this arises is necessarily technical and complicated. Nevertheless, no effort was spared to ensure that those accepting the offer of vaccination fully appreciated this.

An impression was gained that the disease was less prevalent in those institutions where a high proportion of the aged people had accepted vaccination than where this was not the case. Figures for absence from illness were certainly lower amongst members of hospitals staffs who were vaccinated than amongst those who were not. It is emphasised that this is merely an impression and in no way a controlled study. However, it is felt that it would justify making a similar offer to the priority groups should the prevalence of influenza be apprehended in the future.

With regard to immunisation procedures other than vaccination against smallpox, it is most necessary that members of the public should understand that vaccination after contact with infection is of little or no value. Indeed, some authorities in certain circumstances would regard it as potentially harmful.

It is no use to seek protection against typhoid by inoculation a week before going for a holiday abroad. To obtain immunity, two injections with at least a month between them are required. It is equally useless bringing a child to the clinic for immunisation against measles after the children next door have developed the disease.

Every resident in Barnsley has the opportunity of obtaining advice on immunising procedures at any time. There is therefore little excuse for panic rushes to clinics for immunisation after exposure to infection. There is even less excuse for some of the remarks which have been made to medical officers whose appropriate advice on such occasions is felt to be unpalatable.

Every individual should therefore give thought to the protection against disease which he or she is at any time likely to require. Having done this, medical advice should be sought at a time when contact with infection is most unlikely for at least three months. This ensures that any procedures advised can be carried out with a minimum of inconvenience. It also ensures that the body has the best possible opportunity to produce a maximum immunity.

AMBULANCE SERVICE

National Health Service Act 1946, S.27

The following report has been received from the Chief Fire and Ambulance Officer:—

Arrangements with Other Authorities

West Riding County Council:

This authority continues to work well with the West Riding Ambulance Service. By arrangement we undertake all infectious diseases, emergency and maternity cases from certain parts of their territory to hospitals within the County Borough, and also effect a proportion of their discharges from hospitals within the Borough back into the West Riding.

An adjustment was made in the financial arrangements during 1969.

Other Authorities:

Approved scales of charges for Ambulance transport undertaken by one authority on behalf of another are reviewed from time to time.

Authority to order ambulances

Requests for the Ambulance Service are accepted from:—

- Doctors
- Hospitals
- Institutions
- Other authorised persons

But emergency cases, i.e. street, works or home accidents and maternity cases are accepted from any source.

Return of ambulance patients conveyed

This return is shown on a monthly basis, sub-divided into ordinary calls undertaken for patients within the County Borough and for similar calls undertaken on behalf of other authorities.

Figures for 1968 are given for comparison.

Details of patients conveyed

29,927 ordinary patients were conveyed during the year showing a decrease of 309 on last year's figure of 30,236.

The number of patients carried on behalf of the West Riding County Council, and other authorities shows an increase of 361.

Return of Ambulance Patients Conveyed.

MONTH	COUNTY BOROUGH				WEST RIDING AND OTHER AUTHORITIES				GRAND TOTALS	
	ORDINARY		EMERGENCY		TOTALS		EMERGENCY		TOTALS	
	1968	1969	1968	1969	1968	1969	1968	1969	1968	1969
JANUARY ..	2237	2449	192	223	2429	2672	37	53	81	2510
FEBRUARY..	2143	2004	151	192	2094	2196	41	76	91	2385
MARCH ..	2100	2011	180	201	2280	2212	32	65	74	2354
APRIL ..	2064	2228	184	213	2248	2441	43	46	105	2353
MAY ..	2405	2159	220	192	2625	2351	37	46	82	2707
JUNE ..	2049	2244	189	204	2238	2448	38	43	88	2326
JULY ..	2306	2140	215	211	2521	2351	51	46	87	2608
AUGUST ..	2115	1970	183	184	2298	2154	34	47	71	2369
SEPTEMBER	2049	2185	221	181	2270	2366	32	49	86	2356
OCTOBER ..	2720	2360	213	217	2933	2577	34	54	116	3049
NOVEMBER	2520	2337	183	193	2703	2530	25	72	64	2767
DECEMBER..	2145	1977	216	257	2361	2234	41	85	91	2452
TOTALS ..	26853	26064	2347	2468	29200	28532	445	682	1036	30236

To hospitals etc., within the Borough:

Beckett Hospital	..	..	..	..	..	..	6913
St. Helen Hospital	..	..	..	..	..	..	2469
Pindar Oaks	..	..	..	..	..	..	102
Kendray	..	..	..	..	..	..	1327
New Street Clinic	..	..	..	..	..	..	217
Queens Road Clinic	..	..	..	..	..	..	2882
Lundwood	..	..	..	..	..	..	42
Mount Vernon	..	..	..	..	..	..	558
Others	..	..	..	..	..	..	100

To Hospitals etc., out of the Borough:

Penistone Annexe	..	..	..	..	..	..	141
Sheffield	..	..	..	..	..	..	2782
Wath	..	..	..	..	..	..	237
Kirkburton	..	..	..	..	..	..	38
Wakefield	..	..	..	..	..	..	219
Mexborough	..	..	..	..	..	..	7
Leeds	..	..	..	..	..	..	54
Doncaster	..	..	..	..	..	..	14
Others	..	..	..	..	..	..	54

To Home Addresses within the Borough from:

St. Helen Hospital	..	..	..	..	..	..	788
Beckett Hospital	..	..	..	..	..	..	5196
Kendray Hospital	..	..	..	..	..	..	122
New Street Clinic	..	..	..	..	..	..	201
Queens Road Clinic	..	..	..	..	..	..	1945
Mount Vernon	..	..	..	..	..	..	448
Others	..	..	..	..	..	..	8

To Home Addresses out of the Borough:

West Riding	..	..	..	..	..	..	1395
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House to House removals (Borough): 20

Journeys made—Patients not conveyed 1648

29927

Mentally Retarded Children Conveyed 8495

Midwives Conveyed 143

Geriatrics (Commenced July 1968) 6729

45294

During the year 8012 journeys were made to convey the 45,294 patients, an average of 5.6. patients per journey being slightly less than the average for the previous year.

Mentally Retarded Children

Mentally retarded children are taken by ambulance coach to and from the Centre each day.

During 1969 the coaches made 437 journeys and carried 8,495 patients.

Geriatrics

Patients are conveyed from their homes at approximately 0900 hours each week day to the Day Hospital at Kendray and returned about 1600 hours. 6,729 patients were conveyed during the period under review.

Vehicles

One ambulance was replaced during the year.

Coronary Ambulance

After much discussion and negotiation the Coronary Care Service will come into operation on January 1st, 1970.

The Special Ambulance equipment paid for by Public Subscription will be available as an Emergency Service to enable patients to receive initial treatment in their own homes before being conveyed to hospital. This should enable valuable time to be saved in the treatment of patients and result in the saving of lives.

All doctors within the operational area, and this includes a large part of the West Riding territory adjoining the County Borough, have been informed of the procedure and it will not now be necessary for a doctor to visit a patient whom he suspects is suffering from a coronary attack. The doctor will alert the unit who will make an immediate response, thus further saving valuable time in taking the treatment to the patient.

Establishment

	AUTHORISED 31.12.69	ACTUAL 31.12.69
Sub Officer	1	1
Leading Drivers	4	4
Driver Attendants	24	23
	—	—
	29	28
	—	—

Mileage

During the year the fleet covered 143,757 miles on ambulance duties made up as follows:—

Ambulances ..	78,017
Ambulance Coach	65,740

For comparison purposes the figures for previous years were as follows:—

1963	156,470
1964	145,196
1965	134,057
1966	129,800
1967	133,314
1968	138,595
1969	143,757

Communications

Calls for the Ambulance Service by doctors, members of the public, and other authorised persons, continue to be received chiefly on Barnsley 3366 or in case of emergency through the '999' system.

Direct lines are established between the Control Room and two hospitals, Beckett and St. Helen.

Short Wave Radio

All the Short Wave Radio equipment used in the Ambulance Service was replaced during the year. This was found necessary due to the age of the old equipment and the consequential deterioration in efficiency.

Short Wave Radio is now recognised as an essential part of the Ambulance Service and the new transistorised equipment which has been fitted is of the most modern design and provides excellent communication facilities.

Conveyance of Midwives

The service continues to place a vehicle at the disposal of the Medical Officer of Health for the conveyance of midwives during the hours:—

Monday—Friday from 5.30 p.m. to 9 a.m. the following morning.

Saturdays—from 12 noon until 9 a.m. on Monday morning, Public and Bank Holidays.

During the period under review 143 requests were dealt with, an increase of 53 on the previous year.

Medical Officer of Health, Mental and Home Nursing

Arrangements continued with the Medical Officer of Health whereby when the services of the Medical Officer of Health, a Mental Health Welfare Officer, or the Superintendent Home Nurse are required by a medical practitioner at those times when their office is closed, i.e. weekends, Public and Bank Holidays, the call is accepted at the Control Room and passed to the appropriate officer with a minimum of delay.

Infectious Diseases

All cases to and from Kendray Hospital are dealt with by ambulances stationed at the Ambulance Garage, at Broadway.

Liaison with Hospitals

The Ambulance Service enjoys exceptionally good liaison with the Hospital Management Committee. Mr. Nunn, Mr. Garret, Mr. Depledge, and Mr. Wood continue to co-operate in every way and help to keep ambulance requirements to a minimum.

Equipment

All ambulances are equipped with Resuscitation Apparatus and 5 "Minutemen" are now part of the modern equipment.

Blue flashing lights and sirens are fitted to all ambulances to ensure speedier and safer transport of emergency cases, and certain vehicles are fitted with safety straps for both personnel and patients.

Ambulance Service Accommodation

All vehicles are housed at the Ambulance Garage at Broadway, with the exception of the Emergency Ambulance and the Coronary Ambulance which occupy bays in the Fire Station appliance room.

Training

Certificates of competence are now required by Ambulance Personnel and are issued after a specified training course according to length of service.

Ambulance driver/attendants with less than 2 years service must now satisfactorily complete a 6 weeks residential training course at an approved Ambulance Training Centre. Personnel with more than 2 and less than 5 years service attend a 2 weeks residential crash course at an approved centre. Men with over 5 years service are assessed by the local authority.

Ten personnel of the Barnsley Ambulance Service attended the West Riding County Council Training Centre at Cleckheaton—2 attended the 6 weeks course, and 8 men the 2 weeks crash course—all men satisfactorily completed their courses and received certificates of competence.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

National Health Service Act 1946, S.28

The general overall arrangements made by the authority under this section of the Act were continued during 1969. Co-operation and co-ordination of effort between health visitors, home nurses, home helps, handicapped persons services, as well as with the welfare, housing and mental health services continued. Pooling of the information of those who are likely to be in need of assistance of a medico-social nature proved to be beneficial, thus the health visitors were able to get on with the job of bringing to light cases requiring help whose need had hitherto been unknown to the health service.

Prevention of Illness—Tuberculosis

The falling incidence of tuberculosis in Barnsley during recent years has tended to result in preventive measures being focused more and more on the detection of the unsuspected carrier. The most useful instrument in this is the use of mass x-ray. This has long been recognised in Barnsley and as usual in 1969, the County Borough received its annual visit of the Sheffield Mass X-Ray Unit in June and July. Attendances were as follows:

Miniature Films	MALES	FEMALES	TOTAL
General Public	1,553	1,774	3,327
Booked Groups	533	702	1,235
School Children	374	412	786
Doctors Patients	10	7	17
Ante-Natal Patients	—	2	2
Total Miniature Films	2,470	2,897	5,367
Large Film Recalls	73	50	123
Total Attendance at Unit ..	2,543	2,947	5,490

Patients referred to:	MALES	FEMALES	TOTAL
Chest Clinic	16	6	22
Re-check at Barnsley Town Hall in one year	4	1	5
Patient's own doctor	36	20	56

	PATIENTS REFERRED TO CHEST CLINIC PROVISIONAL DIAGNOSIS		OTHER ABNORMALITIES DISCOVERED	
	MALE	FEMALE	MALE	FEMALE
Active Tuberculosis	5	2	—	—
Inactive Tuberculosis	—	3	4	4
Malignant Neoplasms	4	—	—	—
Non-Malignant Neoplasms ..	—	—	—	—
Metastases	—	—	—	—
Lymphadenopathies	—	—	—	—
Sarcoids	—	—	—	—
Heart Disease	1	—	10	15
Pneumoconiosis	1	—	58	—
Pneumoconiosis with P.M.F.	—	—	1	—
Pleural Effusion	—	—	—	—
Acute Inflammatory Lesions	3	1	4	—
Bronchitis and Emphysema ..	—	—	6	2
Bronchiectasis	1	—	—	—
Unilateral Emphysema	—	—	—	—
Emphysematous Bulla	—	—	1	—
Post Inflammatory Fibrosis ..	—	—	3	1
Interstitial Fibrosis	—	—	—	—
Thyroid Enlargement	—	—	—	1
Eventration of the Diaphragm	—	—	3	1
Hiatus Hernia	—	—	—	—
Honeycomb Lung	—	—	—	—
Spontaneous Pneumothorax ..	—	—	—	—
Benign Tumour	—	—	—	—
Tuberculoma	1	—	—	—
Old Healed Tuberculosis ..	—	—	—	1

The attendances during the Unit's 1969 visit were 485 more than in 1968. Whilst some satisfaction must be felt at this small increase, an attendance of at least 10,000 at each visit would greatly hasten the elimination of tuberculosis from Barnsley.

In addition to mass x-ray, the Health Visiting Service carries out continuous follow-up of notified and suspected cases and their contacts. This is done by liaison visits to the Chest Clinic and to Wathwood Hospital. Special attention is paid to ensure that B.C.G. vaccination is made available to children of families in whom the existence of tuberculosis has been confirmed. In circumstances where any community group is in close contact with a known carrier of the disease, arrangements are made for special investigations to be carried out including tuberculin testing and where appropriate, special x-ray examination.

Vaccination against Tuberculosis—B.C.G.

The arrangements already in existence for vaccination against tuberculosis were continued during 1969. The work done is under the supervision of the Chest Physician and x-ray control is applied to those children who have been vaccinated.

The figures for vaccination during the year are as follows:—

A. Contacts (Circular 19/64)					
Number Skin Tested	..	..	..	..	89
Number Positive	..	..	..	..	—
Number Negative	..	..	..	..	89
Number Vaccinated	..	..	..	..	194
B. School Children and Students (Circular 19/64)					
Number Skin Tested	..	..	..	..	669
Number Positive	..	..	..	..	124
Number Negative	..	..	..	..	527
Number Vaccinated	..	..	..	..	525

Table of Vaccinations done by School Medical Officer:

SCHOOL	SKIN TESTED	FOUND POSITIVE	FOUND NEGATIVE	VACCINATED
Barnsley and District Holgate Grammar	84	19	65	65
Broadway Grammar	102	16	84	84
E. Sheerien County Secondary	66	5	55	55
Littleworth County Secondary	63	20	39	39
Oaks County Secondary ..	70	8	61	61
Racecommon Rd. County Secondary	90	13	74	74
Raley County Secondary ..	74	18	56	56
St. Helen's County Secondary	54	4	49	47
St. Michael's County Secondary	43	8	34	34
Total	646	111	517	515

Venereal Disease

With the incidence of venereal disease as low as it is in Barnsley, social work in this field presents few difficulties. The problem in this field of preventive work was to be found amongst defaulters from treatment. Some of these people will discuss anything but their own health. Despite the fact that they suffer both anxiety and discomfort, it is no easy task to get them to attend for necessary treatment.

Cervical Cytology

Clinics at which “the smear test” can be taken to exclude or detect liability to cancer of the cervix uteri were continued throughout the year as follows:—

New Street Clinic	..	..	754
Athersley Clinic..	..	..	12
Stairfoot Clinic ..	..	..	4
Lundwood Clinic	..	..	9
			779

In addition the Family Planning Association took 667 smears from women resident in the County Borough.

It is pleasing to note that there is an appreciable increase in the number of women presenting themselves for smear test when these figures are compared with those for previous years. Nevertheless, despite the very hard work put in by the health visitors, the number of women at greatest risk—those over 35 with two or more children in Social Classes IV and V—who present themselves for examination is disappointingly small. So far the most effective way of ensuring their attendance for examination is personal persuasion by health visiting staff in each individual case.

**Care and After-Care
Geriatric Patients and Chronic Sick**

The Superintendent Health Visitor reports as follows:—

“During 1969 the volume of work amongst the elderly did not decrease during the warmer months as has previously been the case. This is indicative of the problems which must be envisaged in the future amongst the increasing number of geriatric patients in the community.

“Due to the longevity and the changing pattern of social attitudes towards ageing relatives a great overload of work and support is placed upon local health authority services and it is only by the closest surveillance, co-operation of health visitors, home nurses, handicapped persons services, housing and welfare services, together with services of the home help organisers and mental health officers, that many of the elderly and chronic sick in Barnsley are able to enjoy a reasonably comfortable life. Many of these people and their relatives are relieved of much anxiety and distress. The actual shortage of hospital beds gives rise to almost full time assistance from the various services.

“The greatest problems are amongst the psycho-geriatric patients, especially the ones living alone. The prevention of hypothermia and accidents in this group calls for the utmost thought and attention.

“Voluntary agencies again have given tremendous material assistance, e.g. bags of coal and bedding. Hundreds of residents received free coal during the coldest weather.

"The introduction of the Meals on Wheels Service, although rather limited at the start has proved a godsend to the recipients. Every effort is made to ensure that the most urgent housebound cases are accorded first priority. A very pleasant, nourishing meal is served hot to them and letters of appreciation have been received in the department.

"Routine visiting to both geriatric and chronic sick patients is also undertaken regularly."

Hospital After-Care

Once a week a senior health visitor visits the medical social worker at the hospital to discuss the discharged patients or those for discharge. The immediate follow-up of the patient on discharge from hospital is then done by the health visitor allocated to the area in which the patient resides. Thereafter steps are taken to ensure that full use is made of the resources of the authority's services such as home nursing and home help. Where necessary, adequate communications are ensured between all those concerned with the patient.

After-Care of the Tuberculous

The great part of this work is undertaken by the Health Visiting Service. Notified and known tuberculous patients are visited in their homes and arrangements for any possible contacts within the family or at their place of employment are made for them to attend the Chest Clinic. Close liaison with the Consultant Chest Physician and his staff is necessary to ensure that patients or contacts who default are followed up by the health visitors and persuaded to attend for examination and to ensure that they receive the necessary drug therapy and laboratory tests.

Environmental reports on all cases of Wathwood Hospital patients, admissions and notification of tuberculous patients are prepared and each case dealt with individually.

Babies born at St. Helen Hospital with a family history of tuberculosis now receive B.C.G. vaccination before being transferred home.

"Meals on Wheels"

The need for a service to provide the elderly with hot cooked meals in their own homes has been appreciated in Barnsley for a number of years past. Very careful thought has been given to this and the policy was accepted that any "Meals on Wheels" service which was introduced should be one on which the recipients could depend absolutely. The meals should be appetising, should be served really hot and the highest standards of food hygiene should be observed in their preparation and delivery.

On a number of occasions, the earliest of which was in 1954, surveys were carried out to devise schemes which would meet these requirements. At no time, however, did the result of the survey indicate that Barnsley could be provided with a service which would not suffer from the more serious defects which had resulted in the discontinuation of the service in some other areas.

In 1968, however, observation of aircraft catering methods in the United States, coupled with the opening of a fully equipped kitchen under Health Committee control in the new Adult Training Centre suggested a new line of approach. This was eventually adopted and the service started in November, 1969. The meals are prepared along with the mid-day meal for the trainees at the centre. Each course for each meal is served into disposable foil trays and these are in turn placed in a specially constructed container which is heated electrically. The meals are then distributed from the authority's van by a specially employed "dinner helper" who collects the nominal payment charged for the meal. To begin with 40 meals per day were served for 4 days per week. The total meals served during the year amounted to 6,025.

The demand for this service is growing with the result that by the end of 1969 plans were being formulated for its expansion.

Chiropody

The arrangements for treatment remained unchanged during 1969. Mr. Aldam, the chiropodist, continued to attend for three sessions per week. All treatments are carried out at the Medical Services Clinic, New Street, Barnsley. The service is available for old age pensioners, expectant mothers and physically handicapped persons.

A nurse from the Home Nursing Centre is in attendance at all chiropody clinics. The home nurses are instructed that where foot care can be regarded as a normal nursing procedure, it will be carried out by them. The chiropodist is a skilled member of a "profession supplementary to medicine" and his services should be reserved for those whose condition warrants a visit to him. Adequate nursing care to the feet should ensure that minor disabilities, such as over-long toe nails in the aged are prevented before chiropody is necessary.

A medical certificate is therefore required from the patient's general practitioner before treatment is begun. The general practitioner may request the provision of transport for appropriate cases and the Ambulance Service is available for this purpose.

Number of treatment sessions—142.

CATEGORY	NO. OF PATIENTS TREATED	FIRST VISIT	OTHER ATTENDANCES	TOTAL
Expectant Mothers ..	—	—	—	—
School Children ..	—	—	—	—
Old Age Pensioners	376	82	898	980
Handicapped:				
Deaf	—	—	—	—
Blind	10	—	21	21
Physically	15	3	38	41
	401	85	957	1,042

Health Education

The media of mass information are tending more and more to give attention to health matters and to stimulate interest in health. This is to be welcomed as it is much more likely to be effective than the earlier forms of health education which were largely based on experience gained in commercial advertising.

In Barnsley "advertising" methods of health education were abandoned long ago and educative effort has been concentrated on the personal approach to the individual. This policy was continued throughout the year. Thus, where any individual or group of individuals have shown any interest in any aspect of health the opportunity to stimulate that interest further was always taken. Such opportunities present themselves to various members of the staff but the health visitors encounter them most often. Even on the most ordinary of routine visits some question asked allows of advice being given which is of an educative character. Visits to schools and contact with the teaching staffs are occasions on which health information may be imparted to those most likely to benefit from it. In addition to this, should any community group request the services of a speaker, particular care is taken to ensure that the most suitable member of the staff undertakes the assignment.

At the Local Government Exhibition held to mark the Centenary of Barnsley's grant of a Charter of incorporation as a Borough, the health services had an exhibit. This proved most popular and the opportunity was taken to distribute various leaflets of an educative nature.

An annual contribution is made to the funds of the Health Education Council. From time to time, selections are made of exhibition material provided by that body for display in the clinics. Similar material offered by the General Dental Council is also used in the dental clinics.

HOME HELP SERVICE

National Health Service Act 1946, S.29

In 1969 the total number of cases supplied with home help was 981. This figure is an increase of 72 on the cases assisted during 1968. The number of cases attended each week also increased from 748 per week in 1968 to 783 per week in 1969. It should also be noted that the number of new applications for the home help service went up from 305 in 1968 to 335 in 1969.

The foregoing statistics show that the demand for home helps grows year by year. This has been the trend over the last 14 years and, from records kept, it would appear that the number of cases served by the Barnsley Home Help Service has doubled since 1955. However, this increase is not surprising in view of the fact that the number of older residents in the borough grows year by year.

The department was fortunate to have been allowed to expand its establishment by six additional home helps. This eased the situation somewhat but, in view of the continued increase in demand, it was still necessary for the utmost economy to be exercised in the allocation of assistance. Although the less needy new applicants were still required to await vacancies before assistance could be arranged for them, the period of waiting was less.

It is pleasing to note that the number of resignations amongst home helps decreased from 32 in 1968 to 23 in 1969. This improvement may have been brought about by the fact that, with additional staff, it was possible to reduce the case load of some home helps. Also the continuation of the scheme to employ casual home helps may have contributed to the reduction in resignations because it does afford a prospective home help an opportunity to decide whether or not she likes the type of work which has to be undertaken before becoming a permanent home help.

The employment of casual workers has proved not only beneficial to the employee, but also the employer. It meant that, during the very severe winter of 1969, the department was able to meet the increased demand for daily attention from housebound patients, without having to drastically reduce assistance to the more active patients, who's needs also grew during the cold spell.

It is worth noting that the majority of home helps proved particularly reliable during this period and that the sickness record showed no increase in spite of the severe weather conditions.

It became apparent during 1969 that because of the expanding volume of work the organising staff were unable to visit patients and home helps as often as it is thought necessary to maintain an efficient service.

In the light of this, provision for an increase in organising staff was considered, but action to do so was not taken until 1970.

The work carried out by the Barnsley Home Help Service is summarised in the following statistics.

Classification of cases attended in 1969

AGED 65 OR OVER ON 1ST JANUARY, 1969	AGED UNDER 65 ON 1st VISIT IN 1969					TOTAL
	CHRONIC SICK AND T.B.	MENTALLY DISORDERED	MATERNITY	OTHERS		
892	72	7	4	6	981	

Staff at 31st December, 1969:

- Organiser
- 2 Assistant Organisers
- 134 permanent part-time Home Helps
- 20 casual part-time Home Helps

Patients carried forward from 1968	..	..	..	..	..	783
New applications investigated January/December	..	..	..	..	..	335
Waiting list as at 31st December, 1969	..	..	..	..	..	24
No. of visits, enquiries and investigations made by the Organiser and Assistants during 1969	..	..	..	..	..	8377

CARE OF THE AGED

National Health Service Act 1946, S.28

National Assistance Act 1948, S.21

Reference has already been made in reporting on the Home Nursing, Health Visiting and Home Help Services to increasing numbers of aged people in the community. In considering the care of the aged it might be well to ascertain just what these increasing numbers are and how they are affecting the services.

It will be recalled that from time to time the Ministry of Health (and presumably now the Department of Health and Social Security) after consultations with local authorities produces a document entitled "Health and Welfare—The Development of Community Care." This sets out the plans of local authorities to meet their commitments in certain aspects of these fields for some 10 years ahead. It is frequently referred to as the "10-year plan." In this the central government contributes statistical information and statistical forecasts to assist authorities and on which they are expected to base their plans.

In the 1966 edition of this document (command paper 3022) which was supposed to cover the period up to 1975/76, the estimates for the numbers of persons over 65 years of age to be catered for in Barnsley were as follows:

1965	1971	1976
7,740	8,800	9,500

In July, 1969 a survey carried out by the Barnsley Executive Council showed that the number of people over 65 in Barnsley on general practitioners' lists was then 9,242. So it will be seen the extent to which the increase of over 65's has outstripped the estimates. Presumably estimates for hospital provision have been based on these same figures.

Apart from this underestimate of requirements there is another factor which has a profound effect on the provision of services for the aged. This is the unusually high proportion of semi-skilled and unskilled workers in the Barnsley population (Registrar General's Social Classes IV and V). In all health and welfare provision these groups are known to place greater pressure on the supportive services than a community of "average" composition.

The arrangements whereby a weekly case conference at which the hospitals (through the Consultant Geriatric Physician) and the local authority's services are represented were continued throughout the year. At these meetings the effects of increased numbers of the aged and increasing longevity of individuals became very apparent. These meetings ensure that the maximum conservation of available resources is practised in Barnsley in caring for the aged. Nevertheless, the services seem to be slowly falling back in the battle to meet the demand with resources planned in accordance with the "10-year plan."

With more people's bodies surviving longer than their mental capacities, the problem of the mentally disturbed aged person and the individual whose mind has undergone "irreversible senile changes" becomes more and more pressing. This is particularly so where such people are alone in the world or, as is occurring with increasing frequency, are abandoned by their relatives. No doubt a proportion of such patients can be helped and rehabilitated. Some can even be returned to the community to live for a time in residential accommodation. There remain, however, a number for whom life must be more and more a vegetative existence and whose continued survival is dependent on a degree of nursing quite impracticable elsewhere than in some form of hospital.

In the past the mental hospitals provided a haven for some of these patients. Recent developments in psychiatric hospital thinking would indicate that such places of refuge will soon be no longer available. Hostels as at present envisaged will not be able to provide the nursing care necessary. If such patients have to be found places in existing geriatric hospital accommodation by reason of the nature of the long term care they require, they will reduce the rehabilitative capacity of the hospitals. Sooner or later this will initiate a vicious circle, the result of which will be more and more geriatric beds occupied by long stay patients.

In an attempt to meet this problem the local authority has already expanded its arrangements for community care. Subject to certain legal and financial limitations this policy will be continued. Community services will be expanded in such directions as may from time to time appear appropriate

The following note on hospital services for the aged in Barnsley has been contributed by Dr. P. K. Ramaswami, Consultant Physician in Geriatrics to the Barnsley Hospital Group:

The hospital service for the elderly aims at proper selection of cases for admission so that available facilities can be advantageously utilised in relieving as far as possible any medical condition the patient may be ailing from and following this up with active rehabilitative treatment so that eventually the patient can be returned to the community. It is needless to emphasise that this can only be achieved by full co-operation on the part of all concerned. Over the past five years the close contact between local authority services, general practitioners and the hospital services has achieved a great deal. Further experience in this has brought to light the importance of yet another aspect of geriatric medicine. This is the enlightenment of the public regarding their part in caring for their elderly.

All too often it is seen that an elderly person with a predominantly social problem has to be admitted into hospital because of continued pressure from one source or the other. It should be realised that when this happens, elderly patients needing hospital admission for medical treatment have to be kept waiting so long that they deteriorate beyond the stage of recovery. Such patients are either admitted into hospital too late with the result that they become permanent occupants of hospital beds or, as it often happens they are admitted into one of the local authority residential homes for the aged, although quite unsuitable for such accommodation. Here again, these patients block places which could have been used for more suitable elderly people simply to prevent an imminent breakdown due to self neglect or other social factors.

In order to maintain the proper function of the hospital geriatric services relatives should be encouraged to look after their elderly folk at their own homes at all times and hospital admission should be reserved only for those patients who would benefit from such admission. Elderly patients who are beyond doubt known to suffer from malignant diseases should not as a rule be admitted into hospital as "terminal cases" to die. This practice not only blocks valuable hospital beds but a point of more serious concern is the effect of such a dying patient on the morale of other patients in the process of recovery. No doubt under certain circumstances it would be found necessary to admit a patient for terminal care into hospital but such demands should be infrequent. Another point is that admission into hospital should not be based on grounds of the patient's advanced age alone. In most cases in this category, community care with domiciliary services or local authority residential home care would be more appropriate. As for the many physically and mentally disabled elderly people who continue to be cared for by their relatives, short term admission into hospital at certain periods of the year is arranged to enable their relatives to have a rest. However, in view of the limited beds available for such patients, only those for whom alternative arrangements are impossible should seek hospital accommodation.

In view of the rapidly increasing demand for hospital accommodation for the elderly, every patient on the waiting list has not only got to be assessed on his own personal requirements but his relative merits in comparison with others on the list have also to be taken into consideration. Responsible action not dictated by emotion alone on the part of all concerned is essential in maintaining the continued usefulness of the hospital geriatric services.

In conclusion, this would seem to be a proper place to record the views of those concerned with the care of the aged in Barnsley. It is certain that a very considerable expansion of these services will become necessary in the very near future. Furthermore, there is no doubt that such expansion of community services alone will be quite inadequate to meet the problems of nursing the person whose body has survived his mind.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

National Assistance Act 1948, S.47

National Assistance (Amendment) Act 1951

One case arose during the year where action had to be taken under these statutes. Such action is only taken very reluctantly as it is felt that the vast majority of such cases are more appropriately dealt with under the Mental Health Act, 1959.

On the occasion in question, the necessary action could not for clinical reasons be initiated by the Mental Health Services and the magistrates granted an order for the patient's removal and detention in Mount Vernon Hospital for a period of three weeks. Before the end of this time it became clear that the patient required psychiatric treatment. However, as she was now subject to the order of the court it was necessary to obtain a further order for her removal to a psychiatric hospital where she subsequently died.

This particularly difficult case confirms the view expressed in previous reports that only in exceptional circumstances, such as prevailed here, should action be taken under this legislation.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The arrangements whereby the Medical Officer of Health acts as co-ordinating officer in accordance with the Minister's suggestions as contained in Circular 48/50 was continued throughout the year. Meetings were held at appropriate intervals at which interested bodies and Corporation departments were represented. Information relating to all known individual families was circulated prior to the meetings and a full discussion took place on each case.

The preparation of this information and the greater part of the routine supervision of families in need of it is carried out by the health visiting staff who paid a total of 1,750 special visits for this purpose to 36 families who from time to time have come to the notice of the co-ordinating officer.

These families are, of course, those which are described as "problem families" and their supervision presents the health visiting service with an extremely difficult task. In most cases the underlying cause is the subnormal intelligence of one or both parents. This prejudices their ability to accept normal responsibilities and to withstand the many temptations towards improvidence. These difficulties can well be aggravated when, in an attempt to encourage them, they are moved from slum dwellings to modern council property. They fail to appreciate the necessity for providing for the higher rent consequent upon the higher standard of accommodation, thus they tend to build up a load of debt which in turn reflects upon the care of the children. A great deal of work remains to be done in relation to these families including a reappraisal of the place they should be permitted to occupy in the structure of the community. Until this is done the local authority and its officers can do little more than apply to them all possible assistance and help in those places where it appears to be indicated. At the same time they must ensure that the fullest possible advantage is derived by the children from the modern system of education with a view to ensuring that they in turn do not reproduce problem families themselves.

The opportunity is taken here of acknowledging the assistance and co-operation in this work which is afforded by the probation officers and various voluntary bodies, notably the N.S.P.C.C. and the Salvation Army.

MEDICAL EXAMINATIONS

As in previous years, medical examinations for various purposes were carried out by the Corporation's medical officers (462 compared with 473 in 1968). The detail of the purposes of the examinations is as follows:—

Child Delinquents	102
Boarded-out Children	39
Candidates for Colleges of Education	93
Superannuation, Fitness for Employment	213
Fire and Ambulance Service Recruits	15

PART IV

MENTAL HEALTH

“The mass of men lead lives of quiet desperation”.
Walden. Economy.
Henry David Thoreau, 1817—1862.

The year saw little material change in the provision of Mental Health Services in Barnsley. The authority's Adult and Junior Training Centres continued to provide for those mentally handicapped individuals who it has been possible to retain in the community. In the case of mental illness, the authority's mental welfare officers have co-operated with hospitals and practitioners in the supervision and support of patients as in the past. Arrangements for psychiatric treatment in hospital were unchanged during 1969 though considerable progress was made with the erection of the psychiatric block at the New District Hospital.

Owing to problems involved in financing the project, little progress was made by the authority in the provision of Hostel accommodation for mentally subnormal adults. At first sight this would appear to constitute a pause in the development of the authority's services. However, it might well be that some advantage will arise from the delay.

The provision and use of hostels is an integral part of any policy for the provision of care for the mentally handicapped in the community. This subject is attracting a great deal of attention at the present time and it is to be hoped that the consideration given to it, both nationally and locally will be deliberate and detached. Reports on circumstances in certain institutions coupled with the appearance of rather emotional publications on the feelings of the mentally handicapped have created an atmosphere wherein demands for action may result in precipitate and hasty policies on the provision of community care.

There is no doubt that many subnormality institutions are being called upon to accommodate greater numbers than those for which care to modern standards can readily be provided. Inadequate provision before the introduction of the National Health Service, outdated buildings and a reluctance to pay staff adequately are the causes of this. In addition to this, many of the less severely handicapped have been institutionalised by reason of rejection on the part of their families. Compassion for these unfortunates has no doubt prompted some of the more emotional publications.

Hospital accommodation is only part of the problem of caring for the mentally handicapped. It would be most regrettable if an attempt at a quick, cheap and well publicised solution of this part were passed off on the public as a final answer. There are indications that attempts of this kind may be made by discharging from hospital numbers of less severely handicapped patients without regard to how they can be fitted into the

community. A proportion of these patients have been in hospital for many years, the admission of many of them being arranged by mental welfare officers to prevent the break up of a family. The discharge of the handicapped member to parents who have aged in his absence is very likely to place the family once more in danger of break up.

The patient too is unlikely to adapt himself happily when uprooted from the only way of life he has known for years. There is a world of difference between the mentally handicapped person who has received training in a centre in the community and the one who has been rusticated in an institution. His position is unlikely to be improved if his presence is unwelcome in the family home. The suggestion is that local authorities should provide hostels to receive these people discharged from hospital. There seems, however, little point in moving these unfortunates from one form of residential accommodation to another if, as a result of their original institutionalisation they are unable to adapt themselves to life in the community. In such circumstances it would only be a matter of time until hostels would be attracting unwelcome publicity. Indeed this would seem to be inevitable unless authorities could offer much better career prospects and remuneration to hostel staff than they can at present.

Hostels for the mentally handicapped have a major part to play in community care. They will provide accommodation for those without family homes who are employed in open or sheltered industry and those who attend training centres—in other words, those who have grown up in the community. Hostels will also be able to bring back into the community those patients whose stay in residential institution has not been sufficiently long for them to have lost touch with the community. Development on these lines would be most difficult if immediately on the provision of a hostel it were to be filled with patients discharged from hospital who for years have been completely divorced from the realities of community life. No doubt this would provide a quick, cheap and convenient solution to an unpleasant and unpopular problem at present facing hospital boards all over the country. At the same time, it would place great obstacles in the way of local authorities developing their part in properly integrated care for the mentally handicapped.

A difficult situation could be avoided if consultations between the Department of Health and Social Security, Regional Hospital Boards and Local Authorities were to be initiated. It would greatly help the atmosphere of these consultations if local authorities received reassurance on the financial implications. Should this course be followed a great deal of human misery might be avoided and great advances might be achieved. It may well be that this will come about before the hostel proposed for Barnsley is completed. If this is the case the delay in its provision will be an advantage. The hostel will be able to develop as part of an integrated community care service rather than emergency accommodation for unfortunates who are unwanted elsewhere.

(1) Administration

- (a) The duties of a Mental Health Sub-Committee are carried out by the Handicapped Persons Sub-Committee of the Health Committee. This sub-committee on which no co-opted members sit consists of 11 members, 5 of whom are women. The sub-committee meets monthly.

- (b) The number and qualifications of the staff:

The Medical Officer of Health

The Deputy Medical Officer of Health and

The Senior Clinical Medical Officer in Department are approved for the purpose of S.28 of the Mental Health Act, 1959.

The Health authority has an establishment of 3 mental health welfare officers and 2 mental welfare assistants.

Three mental health welfare officers and 1 mental welfare assistant were in post at the end of the year.

Two mental health welfare officers are State Registered Nurses and hold the Health Visitors Certificate and the other is a Registered Mental Nurse.

The Junior Training Centre was available as a whole time centre throughout 1969 for children under 16 suffering from mental subnormality. The Supervisor is in possession of the Diploma qualification of the National Association for Mental Health. There are in addition, one qualified assistant supervisor and 3 untrained assistant supervisors, one of whom is an S.E.N. The internal administration of the centre is carried out by the Supervisor under the direction of the Medical Officer of Health.

The Adult Training Centre is available as a whole time centre for persons over 16 suffering from mental subnormality. The manager is a Registered Mental Nurse and there is an assistant manager and 3 instructors. The administration of the centre is carried out by the manager under the direction of the Medical Officer of Health.

- (c) A consultant psychiatrist employed on behalf of the Regional Hospital Board holds an out-patient clinic at Beckett Hospital. The mental health welfare officers attend with patients at this psychiatric clinic as occasion demands. A consultant child psychiatrist employed by the Regional Hospital Board attends at the Child Guidance Centre, Athersley for two sessions weekly and holds a clinic for adolescents at Kendray Hospital once weekly. There are no officers jointly employed by the local authority and the Regional Hospital Board. After-care of patients discharged from mental hospitals or institutions is carried out as required by the Deputy Medical Officer of Health and by mental health welfare officers.

- (d) No duties are delegated to voluntary associations.

(2) Work undertaken in the community:

(a) Under Section 28 of the National Health Service Act 1946—

Prevention of Illness, Care and After-Care

This is done by visitation by the mental health welfare officers and also by the authority's health visitors. By this means, efforts are made to persuade patients to attend the psychiatric out-patients clinics held by the Regional Hospital Board. The mental health welfare officers usually go with them to ascertain the nature of the advice. In this way it is possible to ensure that adequate supervision and assistance is available in cases where preventive measures are likely to be of value.

(b) Under the Mental Health Act 1959—

I Mental Illness

The number of cases investigated by mental health welfare officers is shown in tabular form on page 69.

In addition to visits to patients requiring admission to hospital the mental health welfare officers also made 1,341 after-care visits to patients who had been discharged from hospital and 512 visits to patients who did not require admission to hospital.

II Mental Subnormality

The diagnosis and notification of new cases proceeded throughout the year in conjunction with the School Health Service for the care of young children and otherwise.

The mentally subnormal who remain in the community are supervised by the mental health welfare officers and 1,079 visits to homes were paid for this purpose during the year. At present there are no cases under guardianship in the County Borough.

Training

The authority maintained a Junior Training Centre in Pitt Street. Sixty places were available. An Adult Training Centre of 80 places was available at Woodland Drive, Broadway.

The Junior Training Centre

A total of 26 children attended the Junior Training Centre during 1969.

The curriculum at the centre meets the needs of all children. Outings are arranged to shops, markets, bus station, park and police station at regular intervals. The annual day's outing to Cleethorpes was arranged and 26 children and staff took part.

A Harvest Thanksgiving Service was held in October and was well attended by parents and friends. The gifts of fruit, flowers and vegetables were given by children and staff to aged people living in their own homes.

An Open Day was held in December, the children giving a Nativity Play. This was well attended by parents and friends.

The local authority's Christmas Party was held on the 19th December and a visit to the local pantomime was again arranged.

The centre continues to provide practical training for students taking the Diploma Course for Teachers of the Mentally Handicapped and is recognised by the National Association for Mental Health for this purpose.

The staff of the centre is shown in the staff list at the back of the report.

No. of children on register (at 31.12.69):

Males	..	..	..	..	..	..	..	..	15
Females	..	..	..	..	..	..	..	..	11
Total	..	..	..	..	..	..	..	..	26

Average attendance:

Males	..	..	..	..	..	..	..	..	11.20
Females	..	..	..	..	..	..	..	..	7.70

Dinners:

No. of children receiving and paying for dinners	..	..	21
No. of children receiving free dinners	..	..	5
Total number having dinners	..	..	26
No. of dinners provided and paid for	..	..	3,476
No. of dinners provided for staff (paid)	..	..	—
No. of dinners provided for staff (free)	..	..	448
Total number of dinners provided	..	..	4,716
No. of ½ pint bottles of milk delivered for children	..	..	5,152

The Adult Training Centre

The Manager reports:

“The year was one of continued progress and expansion although there was no great increase in the number of trainees attending. The only staff changes have been the appointment of an assistant cook and dinner helper to cope with the Meals on Wheels Service. One instructor attended a refresher course run by Staffordshire County Council from 31st March to 3rd April.

“Perhaps the most significant event of the year was the securing of a contract to supply a local firm with large packing cases. This has meant steady employment for a large number of trainees and has also led to the securing of further woodworking contracts which now occupy the main part of the labour force. The female trainees and less physically active men

have been employed coping with a steady supply of assembly and finishing from various factories. Co-operation and assistance offered to Barnsley Light Industries has continued throughout the year.

“The outstanding success of the year was the week spent at Scout Dike Camp School. Twenty trainees accompanied by three staff stayed there from Monday, 28th July to Friday, 1st August, inclusive. None of the expected difficulties materialised. An extremely active week was spent swimming, hiking and playing team games. It is hoped to repeat the visit and to attempt a slightly more ambitious programme.

“The centre was open to the public on Thursday, 17th April but the number of visitors was somewhat disappointing.”

The staff of the centre is shown in the staff list at the end of the report.

Admissions:

12 trainees were admitted during the year.

Discharges:

- 1 male trainee was placed in employment.
- 1 male trainee was excluded from the centre.

Attendances:

Total number on roll	..	..	..	..	..	..	47
Number of days open	..	..	..	..	..	..	240
Total attendance ..	..	..	..	..	..	..	7,438
Average attendance	..	..	..	..	..	..	30.9
Highest attendance	..	..	..	..	..	..	39
Lowest attendance	..	..	..	..	..	..	24

Total amount of money collected from trainees for meals and beverages—£883 7s. 6d. Total amount of money collected from staff not on dinner duty—£58 15s. 0d.

Position regarding patients in Psychiatric Hospitals

Number of patients known to be in Psychiatric Hospitals on the 1st January, 1969

Mentally ill	MALES FEMALES TOTAL		
Storthes Hall Hospital, Nr. Huddersfield	65	62	127
Stanley Royd Hospital, Wakefield	1	5	6
Menston Hospital, Ilkley, Nr. Leeds	3	—	3
Runwell Hospital, Nr. Wickford	1	1	2
Cheadle Royal Hospital, Cheshire (private patient)	—	1	1
	70	69	139
	—	—	—
 Subnormal and Severely Subnormal			
St. Catherine's Hospital, Doncaster	46	45	91
Glenfrith Hospital, Leicester	2	—	2
Grenoside Hospital, Sheffield	1	—	1
Lisieux Hall Hospital, Nr. Chorley	1	—	1
Dronfield Hospital, Nr. Chesterfield	1	—	1
Balderton Hospital, Nr. Newark	1	—	1
Aston Hall Hospital, Nr. Derby	1	2	3
Ridgeway Hospital, Belper	1	—	1
Rampton, Nr. Retford (Special Hospital)	3	—	3
Meanwood Park Hospital, Leeds	1	—	1
St. Joseph's Home, Sheffield	—	1	1
Prudhoe and Monkton Hospital, Northumberland	1	—	1
Hollow Meadows Hospital, Sheffield	1	—	1
Cookridge Hall, Leeds (Epileptic Colony)	1	—	1
Whittington Hall Hospital, Chesterfield	—	1	1
Wales Court Hospital, Kiveton Park, Sheffield ..	—	1	1
Thundercliffe Grange Hospital, Nr. Rotherham ..	1	1	2
St. Elizabeth's Home, Much Hadham, Herts. ..	—	1	1
	62	52	114
	—	—	—

Number of patients known to have been admitted to Psychiatric Hospitals during the twelve months ended on the 31st December, 1969

Mentally ill	MALES FEMALES TOTAL		
Storthes Hall Hospital—first admission	7	29	36
Storthes Hall Hospital—had previous admission	46	57	103
Storthes Hall Hospital—readmitted from extended leave	1	2	3
Stanley Royd Hospital—transferred from Storthes Hall	—	1	1
The Retreat, York—had previous admission	1	—	1
Rauceby Hospital, Sleaford—Adolescent Unit (under 16) first admission	2	—	2
Scalebor Park Hospital, Burley-in-Wharfedale—High- lands Adolescent Unit (under 16) first admission ..	1	—	1

	MALES	FEMALES	TOTAL
West Riding patient (admitted to Stanley Royd Hospital from police station)—had previous admission —		1	1
West Riding patients admitted to Storthes Hall Hospital from Beckett Hospital—first admission —		2	2
—previous admission .. 1	1	—	1
	59	92	151
Subnormal and Severely Subnormal			
St. Catherine's Hospital, Doncaster—"Informal" .. 1	1	2	3
St. Catherine's Hospital, Doncaster—Section 60 .. 1	1	—	1
Moss Side Hospital—transferred from Rampton, near Retford Special Hospital 1	1	—	1
	3	2	5
Patients who have been admitted to hospital for a short stay period			
Thundercliffe Grange Hospital —	—	1	1
St. Catherine's Hospital 8	8	7	15
(repeated admission for short stay period) 1	1	6	7
	9	14	23
Number of patients known to have been discharged during the twelve months			
Mentally ill			
Storthes Hall Hospital 42	42	73	115
Stanley Royd Hospital —	—	1	1
Storthes Hall Hospital (patients discharged on Extended Leave—Section 26) 1	1	3	4
West Riding cases from Storthes Hall Hospital .. 1	1	2	3
West Riding cases from Stanley Royd Hospital .. —	—	1	1
	44	80	124
Subnormal and Severely Subnormal			
St. Catherine's Hospital 5	5	2	7
Rampton, near Retford Special Hospital—transferred to Moss Side Hospital 1	1	—	1
Dronfield Hospital—transferred to St. Catherine's .. 1	1	—	1
	7	2	9
Deaths during the twelve months ended 31st December, 1969			
Mentally ill			
Storthes Hall Hospital 10	10	11	21
Subnormal and Severely Subnormal			
St. Catherine's Hospital 1	1	2	3
Meanwood Park Hospital, Leeds 1	1	—	1
	2	2	4

Number of patients known to be in Psychiatric Hospitals on 1st January 1970

	MALES	FEMALES	TOTAL
Storthes Hall Hospital, Nr. Huddersfield	65	63	128
Stanley Royd Hospital, Wakefield	1	6	7
Menston Hospital, Ilkley, Nr. Leeds	3	—	3
Runwell Hospital, Nr. Wickford	1	1	2
Cheadle Royal Hospital, Cheshire (private patient)	—	1	1
Rauceby Hospital—Adolescent Unit	2	—	2
Scalebor Park Hospital—Adolescent Unit	1	—	1
	—	—	—
	73	71	144
	—	—	—

Included in the number of patients in hospital on 1st January 1970 are the following males who are over 65 years and females over 60 years of age:

	MALES	FEMALES	TOTAL
Storthes Hall Hospital	12	30	42
Stanley Royd Hospital	—	4	4
Menston Hospital	1	—	1
	—	—	—
	13	34	47
	—	—	—

Subnormal and Severely Subnormal

	MALES	FEMALES	TOTAL
St. Catherine's Hospital	40	41	81
Glenfrith Hospital, Leicester	2	—	2
Lisieux Hall Hospital, Nr. Chorley	1	—	1
Balderton Hospital, Nr. Newark	1	—	1
Aston Hall Hospital, Nr. Derby	1	2	3
Ridgeway Hospital, Nr. Belper	1	—	1
Rampton (Special Hospital)	2	—	2
St. Joseph's Home, Sheffield	—	1	1
Cookridge Hall, Leeds (Epileptic Colony)	1	—	1
Prudhoe and Monkton Hospital, Northumberland	1	—	1
Hollow Meadows Hospital, Sheffield	1	—	1
Thundercliffe Grange Hospital, Nr. Rotherham ..	1	1	2
Whittington Hall Hospital, Chesterfield	—	1	1
Wales Court Hospital, Kiveton Park, Sheffield ..	—	1	1
St. Elizabeth's Home, Much Hadham, Herts. ..	—	1	1
Moss Side Hospital	1	—	1
	—	—	—
	53	48	101
	—	—	—

Number of Subnormal and Severely Subnormal under care and guidance

	MALES	FEMALES	TOTAL
Subnormal	67	52	119
Severely subnormal	88	73	161
	—	—	—
	155	125	280
	—	—	—

Analysis of Visits to Patients	MALES	FEMALES	TOTAL
No. of visits to patients after treatment in Psychiatric Hospitals, after-care visits	378	963	1341
No. of visits to patients reported mentally ill, pre-care visits	127	385	512
No. of ineffective visits	88	136	224
Visits made re patients in Psychiatric Hospitals and to patients on week-end leave	58	64	122
No. of Child Guidance visits	82	49	131
Visits made to subnormal and severely subnormal patients (including the educationally subnormal)	466	613	1079
No. of ineffective visits	76	87	163
Persons interviewed in the office and the problem dealt with, thus obviating home visit	68	139	207
	1343	2436	3779

Number of patients returned to Psychiatric Hospitals having absconded while on “Compulsory Order”

	MALES	FEMALES	TOTAL
Mentally ill while on “Compulsory Order”	5	2	7
“Informal” (persuaded to return as unfit for discharge)	1	1	2
	6	3	9

Analysis of County Borough cases investigated and dealt with by the Mental Health Welfare Officers during the year 1969

Mental Health Act 1959	MALES	FEMALES	TOTAL
Section 5—informal admission.			
First admission to Psychiatric Hospital	6	18	24
Additional admission to Psychiatric Hospital	19	31	50
First admission Adolescent Unit (under 16)	3	—	3
Section 29—Compulsory admission (emergency) for observation for a period not exceeding 72 hours.			
First admission to Psychiatric Hospital	1	8	9
Additional admission to Psychiatric Hospital	23	26	49
Section 25—Compulsory admission for observation for a period not exceeding 28 days			
First admission to Psychiatric Hospital	—	1	1
Additional admission to Psychiatric Hospital	5	2	7

	MALES	FEMALES	TOTAL
Section 26—Compulsory admission for treatment			
First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital	—	—	—
Re-admitted from extended leave ..	1	2	3
Section 60—By Order of the Magistrates Court Sub-normal admission	1	—	1
Patient admitted for short stay period ..	—	1	1
Patient transferred from Mount Vernon Hospital, Barnsley while under Sec. 47 of the National Assistance Act, 1948	—	1	1
	59	90	149

Number of patients on whom medical recommendations were completed in hospital

	MALES	FEMALES	TOTAL
Section 26	8	6	14
Section 25	1	—	1
	9	6	15

Guardianship Cases—None.

West Riding cases admitted to Psychiatric Hospitals from Beckett Hospital or Borough Police Station.

	MALES	FEMALES	TOTAL
Section 5—First admission to Psychiatric Hospital	—	2	2
Additional admission to Psychiatric Hospital	1	1	2
Section 29—First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital	—	—	—
Section 25—First admission to Psychiatric Hospital	—	—	—
Additional admission to Psychiatric Hospital	—	—	—
	1	3	4

Number of male patients over 65 years and female patients over 60 years of age (included in the analysis of County Borough cases) who were admitted to Psychiatric Hospitals during the year 1969

	MALES FEMALES TOTAL		
Section 5—First admission to Psychiatric Hospital	5	11	16
Additional admission to Psychiatric Hospital	3	8	11
Section 29—First admission to Psychiatric Hospital	—	3	3
Additional admission to Psychiatric Hospital	2	5	7
Section 25—First admission to Psychiatric Hospital	—	1	1
Additional admission to Psychiatric Hospital	—	—	—
Section 26—Admission from Extended Leave	—	1	1
Admission for short stay period	—	1	1
Admission while under Sec. 47 National Assistance Act	—	1	1
	10	31	41

Waiting List of Subnormal and Severely Subnormal Patients as at 31st December, 1969

					URGENT				NON-URGENT				TOTAL	
					Under 16 years		16 years and over		Under 16 years		16 years and over			
					M	F	M	F	M	F	M	F		
Severely Subnormal:														
(a) "Cot and Chair"					—	—	—	—	—	—	—	—	—	—
(b) "Ambulant"					—	—	2	1	—	—	1	3	7	
Subnormal					—	—	—	1	—	—	2	—	3	
Total					—	—	2	2	—	—	3	3	10	

Number of persons under Local Health Authority care at 31st December, 1969.

	Mentally Ill				Elderly mentally infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under Age 16		16 and over		M	F	Under Age 16		16 and over		M	F	Under Age 16		16 and over				
	M	F	M	F			M	F	M	F			M	F	M	F			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Total number	—	—	49	91	1	5	—	—	—	—	—	—	67	52	17	12	72	61	427
2. Attending training centres or workshops	—	—	—	—	—	—	—	—	—	—	—	—	6	4	15	11	18	12	66
3. Awaiting entry to tr'n'g centres or w'shops	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	1	3
4. Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Resident in L.A. home/hostel	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	6	3	15
7. Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Resident at L.A. expense in other homes /hostels	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Attending day hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Receiving home visits and not included in lines 2—10:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) suitable to attend a training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	21	14	48
(b) others	—	—	49	85	1	5	—	—	—	—	—	—	54	42	1	—	27	31	295
12. Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)																		Male	Female
13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948																		6	9

(OVER)

Number of persons referred to Local Health Authority during year ended 31st December, 1969

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Total
	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Referred by—	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(a) General Practitioners	—	—	10	30	—	—	—	—	—	—	—	—	—	—	—	—	40
(b) Hospitals, on discharge from in-patient treatment . .	—	—	12	23	—	—	—	—	—	—	3	1	—	—	1	1	41
(c) Hospitals, after or during out-patient or day treatment	—	—	7	19	—	—	—	—	—	—	—	—	—	—	—	—	26
(d) Local education authorities	—	—	—	—	—	—	—	—	2	2	—	—	4	4	—	—	12
(e) Police and courts	—	—	7	4	—	—	—	—	—	—	—	—	—	—	—	—	11
(f) Other sources	—	—	12	21	—	—	—	—	—	—	—	—	1	—	—	—	34
(g) Total	—	—	48	97	—	—	—	—	2	2	3	1	5	4	1	1	164

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1969

	Mentally Ill				Elderly mental infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under Age 16		16 and over		M	F	Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year:																			
(a) In urgent need of hospital care... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	1	4	
(b) Not in urgent need of hospital care...	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	3	6	
(c) Total	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	3	4	10	
2. Number of admissions for temporary residential care (e.g. to relieve the family):																			
(a) To N.H.S. hospitals	—	—	—	—	1	—	—	—	—	—	—	1	—	6	3	2	11	24	
(b) To L.A. residential accommodation	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	3	
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(d) Total	—	—	—	1	3	—	—	—	—	—	—	1	—	6	3	2	11	27	

(OVER)

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1969—(continued)

	Mentally ill				Psychoopathic				Subnormal				Severely subnormal				
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Guardian	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	Total
3. (a) Admissions to guardianship during the year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Total number under guardianship at end of year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

PART V

THE HANDICAPPED

“L’homme n’est qu’un roseau, le plus faible de la nature; mais c’est un roseau pensant”.

Pensees, Ib sect. vi, 347,
Blaise Pascal, 1623—1662.

In last year’s report the reorganisation of the services for the handicapped was described in some detail. This reorganisation was a consequence of the completion of the purpose designed Social Centre and Administration Offices in Moorland Avenue. 1969 was essentially devoted to tidying up the reorganisation.

The Centre was formally opened on 10th April at a ceremony performed by the Rt. Hon. Roy Mason, M.P., at that time Minister of Fuel and Power. A review of the staff necessary to provide the services following reorganisation and to fit into a possible National pattern of social services was carried out. Discussions were held with representatives of the various voluntary bodies concerned with the handicapped on questions relating to the use of the new centre and to the general development of the services. Finally the arrangements whereby the authority provided certain services in adjoining county areas on an agency basis were reviewed. Consequent upon this, negotiations were instituted with the West Riding County Council as to the availability of the new centre to handicapped persons resident in the county. These negotiations continued into 1970.

The move of the administrative offices of the services for the handicapped has had the effect of strengthening the link between the purely social and pastime pursuits provided at the centre and the individual activities of the closely adjacent Barnsley Light Industries. There are signs that the proximity of the Adult Training Centre will have the effect of bringing the mentally and physically handicapped still closer together. It is to be hoped that more progress in this direction will be achieved once the psychiatric department of the new District Hospital is fully operative.

Apart from the opening ceremony none of the events of 1969 in the field of care of the handicapped were spectacular. Nevertheless, the efforts expanded during the year have been very well worth while. Much steady progress has been made towards the integration of the various categories of the handicapped into a single group in accordance with the authority’s policy. This is not readily expressed in statistics but the effects are evident to interested observers and visitors. In addition, with the facilities now available, a start has been made on bringing this composite group into closer contact with the wider community, integration with which must be the ultimate objective of care of the handicapped.

The details of the year’s work amongst the three major categories of the physically handicapped are set out in the following report prepared by the Senior Welfare Officer.

WELFARE OF THE BLIND

The Barnsley Corporation provided blind welfare services for the County Borough area, and, in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provided these services for the surrounding districts within an approximate radius of seven miles from the centre of the town. Social Welfare Officers for the Blind are employed to administer blind welfare in this area—one of these officers is a registered blind person. With effect from the 1st July, 1969 some fifty blind cases were transferred to the West Riding County Council, who have taken over part of the area and are taking over the agency services on the 1st April, 1970.

Blind Population at the end of 1969

The number of registered blind persons under the care of the Department as at the end of 1969 is reproduced as follows from the Form B.D.9 (Annual Return to the Ministry of Health).

		Barnsley Area			West Riding Area		
		MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL
Under 5	..	—	—	—	—	—	—
5—15	..	1	2	3	—	2	2
16—20	..	3	—	3	1	2	3
21—49	..	16	10	26	10	7	17
50—64	..	15	20	35	19	22	41
65 and over	..	48	73	121	64	118	182
		—	—	—	—	—	—
		83	105	188	94	151	245
		—	—	—	—	—	—

In the Barnsley area 17 new cases were registered as blind and 19 deaths occurred, 3 persons removed out of the area, thus making a decrease of 5 for the year.

In the West Riding area, subject to supervision by agency arrangements, 35 new cases were registered as blind and 4 persons removed into the area. 37 deaths occurred among those previously registered blind. There were 10 removals out of the area and 2 people were decertified. The number on the register, therefore, shows a net decrease of 15 people.

Prevention and Incidence of Blindness

Close liaison is maintained with the Ophthalmic Department of Beckett Hospital, Barnsley, especially concerning the follow-up of patients under-going treatment and recommended for treatment or surgical operations. The social welfare officers for the blind established a link between the blind persons concerned and the hospital authorities and systematically follow-up all the cases admitted to the blind register or the register of partially sighted persons, where hospital treatment is recommended on Form B.D.8 by the ophthalmic surgeon.

Arrangements are made for such persons who are 'not blind' within the definition of blindness laid down in the National Assistance Act, 1948, but who are nevertheless substantially and permanently handicapped by congenitally defective vision or by an injury or illness affecting the eyes, for them to be included in a special register under the classification of "Register of Partially Sighted Persons." Such persons are provided with the same welfare services as those available for blind persons. Classification in age groups of the partially sighted persons is given below as reproduced from the Form B.D.9, which is the Annual Report submitted to the Department of Health and Social Security.

Training and Rehabilitation

One registered blind person was sent for industrial training at the Rehabilitation Centre at Torquay.

Placement of Blind Persons in Open Industry

The Department of Employment and Productivity continued during the year to provide the placement services for blind persons in Barnsley and district through their blind persons' Resettlement Officer.

Types of Employment of Blind Persons

e.g.:—

- Social Welfare Officers for the Blind
- Machine Knitters
- Masseur
- Labourer
- Craftsmen and Production Process Workers
- Telephone Operator
- Typists
- Matmaker
- Machine Operators

Home Teaching Service

The social welfare officers visit blind persons in their homes, to discover and ascertain the needs of new cases, teaching Braille and Moon, organising social activities and other activities, arranging and teaching pastime handicrafts and providing general welfare services for the blind. Similar welfare services are provided for partially sighted persons and as many partially sighted persons are subsequently certified blind, the social welfare officer is already well aware of the needs of these people. The registration of a person as blind within the meaning of the act, involves additional financial assistance from the Department of Health and Social Security. This immediate financial benefit does not, of course, apply to persons who are classified as 'partially sighted.'

During the year a total of 1,683 visits were made to individual homes in Barnsley and 2,147 visits in the West Riding area. In view of the fact that the majority of registered blind persons are over the age of 65 years and many of these persons are living alone, the domiciliary visits paid by home teachers to such cases are extremely valuable.

Social Activities

Social Centres at Wombwell, Hoyland and Thurnscoe were transferred to the West Riding County Council on 1st July, 1969. Facilities for social activities for the blind in Barnsley continue to be available at the new centre for the handicapped at Moorland Avenue.

Outings to places of interest, sports and excursions to the seaside from the centre form the main part of the blind person's social activities. The Annual Sports Day was again held at Wortley Hall and enjoyed by all the blind people. During the winter months organised parties of blind persons attended concerts, plays and other entertainments and a Christmas party was held at the social centre.

The Y.M.C.A. continue to show much interest in the blind who attend the centre and on a number of occasions members of the Y.M.C.A. Parents Association have taken part in the social evenings. This is thoroughly enjoyed by the blind.

Blind and partially sighted children were again invited to the handicapped children's Christmas party which was held for the first time in the new social centre. The party was very much enjoyed by both parents and children.

The Barnsley and District Joint Blind Welfare Committee made a grant of £2 at Christmas to all blind and partially sighted (Category A) housebound cases on the department's register. A grant of £1 was made to all blind and partially sighted persons who had been able to take part in the outings and various activities arranged by that Committee during the year under review.

Handicraft Classes

The blind persons attending the handicraft classes which were held weekly are taught pastime handicrafts such as basket making, chair caning, rug making, hand knitting, tray making and sea-grass stool making.

Braille Classes and Reading Material

For those blind persons who wish to be taught Braille, home teachers ensure that such tuition is readily and freely given. Teaching in Moon Type is also available to those elderly blind persons who require this service. Membership by the blind of the Northern Library for the Blind, which provides access to a wide range of books of Braille literature, is encouraged by the social welfare officers. For blind persons who are able to write Braille, Braille writing frames are loaned to them as part of the service financed by the Voluntary Committee for the Blind.

A stock of Braille writing paper is kept in the office, together with all other gadgets, aids and special items obtainable from the Royal National Institute for the Blind, for sale to any blind person requiring this service.

Partially Sighted

The provision of large type books printed by the Ulverscroft Publishing Company has been the most noteworthy advance in the welfare of the partially sighted for many years. The County Borough Public Library and the West Riding Libraries were asked to provide these large print books for the partially sighted in Barnsley and district and all the libraries concerned have responded and stock these books.

Talking Book Machines

At the end of 1969 there were 27 talking book machines on loan to blind persons in the County Borough of Barnsley.

Provision of Wireless Facilities

All blind persons in Barnsley and district are provided with a wireless set, free of charge, through the Wireless for the Blind Fund. The Barnsley and District Joint Blind Welfare Committee continued during 1969 to meet the cost of repairs to any blind person's wireless set and, in addition, continued to reimburse the cost of wireless licences to those persons registered as partially sighted (Category A).

Deaf-Blind

The number of blind persons in the area who are also deaf is comparatively small. In the County Borough area there are 16 blind persons who are also hard of hearing and in the West Riding area, there are 35 blind persons who are also hard of hearing and one blind person deaf with speech, and 2 blind persons deaf without speech. The social welfare officers are trained to use the manual alphabet in the case of the totally deaf persons.

Marketing and Sales of Blind Handicraft Goods

Handicraft articles made by blind people at the Corporation's Handicraft Centre and their own homes continued to be placed on sale to the general public in the Sales Shop, Kendray Street, Barnsley. The total sales during 1969 of blind handicraft articles were £232 16s. 10d.

WELFARE OF THE DEAF

The Corporation's Scheme for the welfare of the deaf continued to be implemented during the year under review. The Corporation provide welfare services for the County Borough area and in addition, under agency arrangements with the County Council of the West Riding of Yorkshire, provide these services for the surrounding districts within an approximate radius of seven miles from the centre of the town.

The Welfare Officer for the Deaf is appointed for the purpose of assisting deaf and hard of hearing persons in all aspects of their welfare, to visit them in their homes, to provide interpretation, to speak for deaf persons when required, and to assist them in promoting social and sports activities among the deaf.

The registration of deaf persons with and without speech in the area covered by the Department has been fully completed for some years and ascertainment and registration of further hard of hearing persons still continued. Owing to the increasing numbers of hard of hearing persons coming to the notice of the Department and desiring registration it has been necessary for the Hard of Hearing Register to be sub-divided as between those hard of hearing persons requiring a full range of domiciliary visiting services and a subsidiary register which is known as the 'B' register for those hard of hearing persons who merely visit the Department to avail themselves of a hearing aid repair or some other small service. By this means, it is possible to retain the 'A' register for those who require a complete welfare service and statistically to contain the numbers to a realistic level.

For several months by reason of a vacancy the Senior Welfare Officer undertook the duties of the Deaf Welfare Officer in addition to his own and on the 1st January, 1970 a Deaf Welfare Officer took up her appointment.

Registration of the Deaf

The classification for the Registers for the Deaf and Hard of Hearing are set out in the Ministry of Health Circular 25/61 dated the 14th September, 1961, and are as follows:—

(a) Deaf without speech (b) Deaf with speech (c) Hard of Hearing

The difficulties with regard to the hard of hearing register have already been explained above and the main register for the hard of hearing, which is known as the ‘A’ register is the one which is quoted for statistical purposes in all annual returns to the Ministry of Health. Registrations at the end of 1969 are as follows:—

Barnsley County Borough		West Riding County Council	
Deaf	Hard of Hearing	Deaf	Hard of Hearing
71	112	89	117

Employment of the Deaf

The employment of the deaf during 1969 remained satisfactory.

Types of Employment of Deaf Persons
Males

SKILLED OR SEMI-SKILLED		UNSKILLED	
Boilerman	1	Brewery Worker	1
Boot and shoe repairers ..	3	Colliery Surface Worker ..	4
Bricklayers	4	Driver's Mate	1
Core maker—Steelworker ..	1	Dustman	1
Glassworker	1	Labourers (Building)	9
Gardener	1	Labourers (Chromework) ..	1
Joiners	1	Labourers (Glassworks) ..	5
Joiner apprentice	1	Labourers General	3
Motor Body Builders ..	2	Labourers (Plasterers) ..	1
Painters	2	Labourers (Remploy)	3
Painter apprentice	1	Mill Hand	3
Plasterers	2	Road Sweeper	1
Upholsterer	—	Skin Cleaner	1
Watch Maker	1	Steelworkers	2
Blacksmith Striker	1		
Dental Mechanic apprentice	2		

Interviews, Domiciliary Visits and Interpretation

A monthly report is submitted to the Handicapped Person's Sub-Committee showing the numbers of domiciliary, placement and interpretation visits paid by the officers in the department.

Assistance is requested by deaf and hard of hearing persons in connection with many matters and interpretation is provided on occasions such as the following: at doctors' surgeries, at clinics, hospitals, shops and schools, solicitors' offices, estate agents' offices, government and local authority departments and police courts.

Social Activities

Social evenings for all deaf persons are held on Tuesday, Thursday and Saturday evenings. Games, table tennis, billiards, snooker and darts are played and whist drives, cinema shows and bingo sessions and other entertainments are held.

The annual party for the adult deaf was held in the centre, and an outside firm catered and served tea, which was very much enjoyed. Tea was followed by games and other social activities from 6.30 p.m. to 10.30 p.m.

Sports Activities

The deaf who regularly attend the Deaf Institute are members of the Yorkshire Deaf Amateur Sports Association and teams have played in snooker, billiards and darts competitions sponsored by the Association. In addition, members played in the Barnsley Indoor Games League at snooker, darts, whist, cribbage and dominoes and in the Barnsley Table Tennis League. They also attend group swimming sessions at the Barnsley Baths on Sundays in both summer and winter.

Spiritual Welfare

Services are held in the chapel every Sunday which are attended by the deaf community. Several special services have been held during the year. There are also Communion Services once a month. Arrangements have been made for deaf welfare officers from various parts of the West Riding to be available at Communion Services.

Hard of Hearing

The Barnsley and District Hard of Hearing Group has increased their membership in the past year while they have been holding their meetings at the social centre. The activities include lip reading classes, social events and picnics. The Hoyland Group of Hard of Hearing have also had increased membership and have had a very busy year with their social events.

North Regional Association for the Deaf

The North Regional Association for the Deaf covers all the northern counties and county boroughs and is responsible for the promotion of the welfare of the deaf and hard of hearing through the local authorities and voluntary missions for the deaf in the northern area. Two half-yearly meetings were held during the year by the Association.

Television Sets

The Royal National Institute for the Deaf appeal for money for the provision of television sets for elderly deaf persons who cannot afford a set. As a result of the money available in the appeal fund, the rentals for television sets are being paid for six deaf persons in this area.

CARE OF THE PHYSICALLY HANDICAPPED

The services provided for the general classes of the physically handicapped, which include the mentally disordered and epileptic persons, form part of the services provided on a comprehensive basis by the Handicapped Services Department of the Corporation. Throughout the year some intensive casework was undertaken by the Senior Welfare Officer, Social Welfare Officer and the Welfare Assistant. The aim is to do everything possible to enable handicapped people to live in the community, rather than in residential accommodation of any kind. This calls for the provision of whatever services are necessary in their own homes, e.g. domiciliary services, adaptations, etc. The Officer's main function is to establish and maintain the necessary contacts to help handicapped people in finding a solution to their personal difficulties, and in general to give support in whatever ways are most likely to increase rather than diminish their capacity to accept responsibility for the conduct of their own lives. The handicapped person's register is increasing more and more; cases are being referred by the medical practitioners, hospitals and other sources.

Registration

At the end of 1969 there were 424 registered physically handicapped persons as compared with 420 at the end of 1968. Applications from disabled persons residing in the County Borough area for placement on the Corporation's register are dealt with by one of the Welfare Staff who pays an initial visit and completes the necessary case record and provides assistance and guidance to disabled persons to help overcome their disabilities. Applications for registration as physically handicapped persons are vetted before registration by the department. The registration of persons suffering from respiratory tuberculosis is not effected until a satisfactory certificate has been provided by the Chest Physician regarding the patient's condition.

The majority of all registered handicapped persons are housebound or otherwise incapable of work and require a full range of welfare services, particularly pastime handicrafts and social centre facilities. It is essential that regular domiciliary visits are maintained in these cases. Many of these persons require assistance, with regard to Ministry of Social Security cases, clothing allowances, supply and maintenance of wheelchairs through the Ministry of Health, home nursing equipment, domestic help services, gadgets and structural adaptations and other similar welfare services.

The numbers of persons on the register in the various categories are as follows:—

		MEDICAL			
		CLASSIFICATION	MALES	FEMALES	TOTAL
Amputation	..	A/E	30	7	37
Arthritis and Rheumatism	..	F	19	46	65
Congenital Malformations and deformities	..	G	18	13	31
Diseases of the digestive and genito urinary system, of the respiratory system (other than tuberculosis) and of the skin	..	H/L	30	15	45
Injuries of the head, face, neck and thorax, abdomen, pelvis or trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and spine	..	Q/T	37	18	55
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ..	..	V	89	66	155
Neurosis, psychoses and other nervous and mental disorders not included in V.	..	U/W	18	11	29
Tuberculosis (respiratory)	..	X	1	1	2
Tuberculosis (non-respiratory) ..	..	Y	1	1	2
Diseases and injuries not specified above	..	Z	1	2	3
			244	180	424

Employment of the Disabled

The scheme places a duty upon the council to assist any handicapped person in consultation with the Department of Employment and Productivity to secure suitable employment in open industry and sheltered employment. Close collaboration is essential with the Disablement Resettlement Officer of that Department and it is found that many disabled persons have allowed their registration under the provisions of the Disabled Persons (Employment) Act 1944 to lapse. The difficulties of placing a severely disabled person in employment in open industry are great. Thirty-one disabled persons are now assessed as suitable only, either for sheltered workshop employment or as home workers.

Handicrafts

Handicraft classes are held at the social centre, Monday to Friday for the generally handicapped. The craft instructors are in attendance and also give instruction to housebound handicapped.

Social Centre, Moorland Avenue

The various categories of handicapped people are settling down extremely well in the New Social Centre, which was officially opened on the 10th April, 1969 by the Right Honourable Roy Mason, M.P. One feature of the new Centre is that there is more co-operation between the handicapped people who are being drawn closer together by social events, etc.

There are several voluntary organisations using the Centre, which include the following:—

- Barnsley and District Handicapped Sports Association
- Barnsley & District Hard of Hearing Fellowship
- Barnsley Society for Mentally Handicapped Children
- Barnsley & District Deaf
- Barnsley & District Epileptics Association
- Barnsley Psychiatric Social Club
- Barnsley & District Joint Blind Welfare Committee
- Darby and Joan Club for the Handicapped
- Disabled Person's Association
- Multiple Sclerosis Society

A bathing service was instituted during the year, and elderly handicapped people are brought to the Centre by qualified nursing staff on three mornings a week.

St. Augustine's Chapel

St. Augustine's Chapel, which was dedicated on the 27th October, 1968 by the Rt. Rev. W. G. Fellows, Bishop of Pontefract, is inter-denominational, and is used widely by the handicapped. Services are held for the handicapped every Tuesday evening and the deaf have services on Sunday. From time to time the Chapel is used for special services for the handicapped.

Social Activities

The Annual Outing for the handicapped was held on Thursday, 24th July, when some 110 people went on a tour of Derbyshire, followed by light refreshment at the Grouse and Claret Hotel, and tea at Wortley Hall. Excellent entertainment was provided by some of the residents at Wortley Hall, and it was thoroughly enjoyed by the handicapped people. The Christmas Party was held for the first time in conjunction with the blind, and entertainment was provided by 'The Carlton Singers'. Many voluntary organisations concerned with various groups of the handicapped also held their annual Christmas Parties in the Social Centre.

Transport for Physically Handicapped Persons

The contract arrangements with the Yorkshire Traction Company for the use of an adapted vehicle continued throughout 1969. Transport was also provided by the Department's twelve seater Ford Transit vehicle.

Adaptations

Under article 5/5 of the Scheme for the Provision of Welfare Services for physically handicapped persons, the Corporation may assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of an additional facility designed to secure the greater comfort or convenience of such persons and if the Council so determine, defray any expenses incurred in the carrying out of any such

works or in the provision of such facilities. During the year, the Health Committee gave authority for several adaptations to be carried out for handicapped people.

Birthday Card Service

The Health Committee's Scheme in relation to the issue of birthday greeting cards to each registered blind, partially sighted, physically handicapped and deaf person on the registers continued during the year.

Issue of Car Badges

In accordance with the Ministry of Health Circular 17/61, the Health Committee agreed to the Scheme for the provision of car badges for severely disabled persons who came within the priorities listed in the circular. During the year further pairs of badges were issued to severely disabled persons.

Liaison with other Authorities

Because the problems confronting physically handicapped persons in ordinary day to day living are so diverse, varied and differing welfare services are required. Close liaison with many organisations is essential. Appropriate problems of need are referred for investigation to the Ministry of Social Security and in certain cases, suitable assistance can be provided through specialised voluntary associations which cater for the needs of that particular category of the handicapped. The help and co-operation which has been received from the officers of the Department of Health and Social Security in Barnsley, in dealing with cases referred to that Department, is gratefully acknowledged. In a district where coal mining is a stable industry many severely disabled persons are registered with the Department as a result of industrial injuries in coal mines. The needs of paraplegic ex-miners and other severely disabled miners are the particular concern of the Coal Industry Social Welfare Organisation, who provide paraplegic cases with assistance, a fortnight's holiday for the disabled person and his family, a free television set and also the provision of a free supply of petrol for those using a motor propelled wheelchair. Close liaison is maintained with this Organisation through the Medico-Social Workers who have their Headquarters at Pontefract.

The supply of invalid motor chairs, electrically propelled chairs, folding and transit chairs are dealt with by the Appliance Officer of the Department of Health and Social Security, Handsworth, Sheffield. Liaison is maintained with the manager and appreciation is expressed for the help and assistance given at all times in dealing with the cases referred to him.

Marketing of goods made by physically handicapped persons

The increasing output of articles made at the handicraft classes by physically handicapped persons makes it essential that suitable marketing facilities should be available for the disposal of handicraft goods. To this end, the Corporation has provided a small sales shop in an excellent position in the centre of the shopping area. This shop continued to be open during 1969.

Organised Holiday Scheme

Some two hundred handicapped people took part in the organised holidays at Blackpool from 31st May to 21st June, 1969. The participants were accommodated at the Shrewsbury and Edward Private Hotels.

“COUNTY BOROUGH OF BARNSELEY LIGHT INDUSTRIES”

(Workshop for the severely disabled)

The Manager reports as follows:—

“1969 was a year which again showed dynamic change. It saw the closing of the sock knitting section, our only remaining so-called ‘traditional trade’ and link with the past. County Borough of Barnsley Light Industries is now very far from the generally accepted concept of a blind workshop. It is, in fact a light industrial factory. This is very important to the employees, particularly from the point of view of morale. It shows in their attitude to their surroundings, work and anyone who comes into contact with them.

“We also close down our television and radio department. This was due to our two operatives retiring, one on health grounds and the other at sixty-five. It was impossible to obtain replacement personnel for this highly skilled work and too long term and costly to train further employees.

“The general work we now carry out is still of a very varied nature and although it is all casually called plastics or packing, this needs more precise definition. We continue to pack various games for J. Waddington Ltd., of Leeds. We mould and assemble brakemeters, a precision instrument exported all over the world. We plastic mould hundreds of different parts from umbrella clamps to meal tokens and library tickets to lamp fittings, etc. On other fronts we thermo-form acrylic panels, trays, etc. and we vacuum-form very thin sheet packing items.

“Mention has been made of the fact that a great deal of our work goes from our customers for export. In this field, however, we have an even prouder record. We have obtained and started an export order of our own direct to the United States of America. The order is very big by our standards and will employ twelve to fourteen people throughout the year and involve tens of thousands of pounds worth of exports. This is, we think, practically unique, not only for a sheltered workshop but for any local government department in England. It takes us a long way on our chosen but very difficult path towards comparability with open industry.”

PART VI

ENVIRONMENTAL HYGIENE

A Moment's Halt—a momentary taste
of BEING from the Well amid the Waste—
And lo!—the phantom Caravan has reach'd
The Nothing it set out from—Oh, make haste!
“*Omar Khayyam*” Ed. 4, xlviiii,
Edward Fitzgerald, 1809—1883.

As these islands become more crowded, so it becomes necessary to multiply rules and regulations aimed at preserving and maintaining environmental hygiene. As these multiply so do the number of inspections carried out in the field and the numbers of returns prepared at the desk. However, for the first time in many years the Chief Public Health Inspector found himself with a staff establishment brought up to strength. This offered an opportunity for reorganisation within the inspectorial section and making more use of technical assistants. In this way it has been possible to effect financial economies.

The Housing Act, 1969—part of the legislation aimed at environmental improvement—became effective during the year. This places a new emphasis on improvement areas. Attention is directed to this aspect of the authority's activities in those pages which deal with housing. The Sheffield Road improvement area is an excellent example of the future trends in improvement of environment. The inception of the “Clean up Barnsley” campaign is also most welcome in that it indicates a growing interest in basic hygiene.

The problem of itinerant caravan dwellers arose acutely during the year and this matter is covered in the appropriate part of the report. In some cases the quiet enjoyment of their property is denied to residents adjacent to land on which these people choose to camp. Officers of the local authority are threatened with violence by them and those who approach them are subjected to obscenities.

Without question, such behaviour is quite intolerable, even in a permissive age. In such circumstances therefore whoever has any regard for the rights of the individual to quiet enjoyment of his home must feel for these unfortunate residents the greatest possible sympathy. It is therefore most regrettable that the misunderstanding has arisen that the simplest and quickest way of dealing with these itinerants is to treat the caravans in which they live as a health hazard. It is but natural that many of those whose emotions have been aroused by the behaviour of these people should have apprehensions for their health when itinerants are in the neighbourhood. It is felt that this part of the report offers an appropriate opportunity to reassure them on this.

The vast majority of caravans now in the possession of itinerants are modern touring caravans. These are built to designs approved nationally for use on municipally approved sites and in themselves, used as intended, offer no greater hazard to health than an ordinary house. It might be said that a health hazard may arise from some of the habits attributed to the caravan dwellers. A similar hazard might also arise from house dwellers

(and there are some who indulge in unconventional customs in regard to their body functions). Again, those with apprehensions may reassure themselves that with modern urban hygiene, any small proportion of people, be they caravan dwellers or house dwellers, whose sanitary habits are bizarre constitute a health hazard so minimal as to be negligible.

The hazard which is offered by some itinerants is to the amenities of their neighbours and in some cases to what is termed “public decency.” As such they must be dealt with by those concerned with the maintenance of these rather than by those concerned solely with health.

The Caravan Sites and Development Control Act 1960 gives legislative recognition to this position and provides a procedure for dealing with illegally sited caravans. It dispenses with the need to prove a health hazard in a modern van. It also prescribes penalties much more in keeping with present-day monetary values than those applicable to health hazards which were fixed many years ago. Such penalties are much more likely to be effective than fines amounting to little more than a camping fee. Invoking this act where caravans are sited illegally involves certain procedural steps and the implementation of these takes time. Thus itinerants can not always be got rid of by “moving on” immediately they cause offence in a neighbourhood. There is a very good reason for this. The law is drafted to protect the freedom of caravan owners to use their vans in a reasonable manner. It must never be forgotten that the few itinerants whose behaviour gives such ample cause for complaint constitute only a minute proportion of the caravan owners of this country.

It is appreciated that residents who are being subjected to the kind of behaviour that certain itinerants indulge in must feel that any delay in “moving on” is too long. This delay, however, is the price which must be paid in order that all men be equal before the civil law. For indecent behaviour, for obscenity in a public place, for assault and for behaviour likely to cause a breach of the peace, the criminal law offers remedies. The police are always ready to advise those who seek protection of the law against criminal acts. Indeed, where a citizen comes forward with factual and concrete evidence there is little doubt that his action will be greatly appreciated.

PROVISION OF NEW HOUSES AND STREETS

- (1) Number of houses built since the end of the war:
 - (a) Privately owned 2,669
 - (b) Council owned 6,975

- (2) Number of houses built during 1969 (calendar year):
 - (a) Privately owned 198
 - (b) Council owned 191

- (3) Private Streets:
No private streets were made up during 1969.

The following streets have been officially declared highways during 1969 to be maintained at public expense:
Sandbeck Close
Springbank Close

Issott Street (part)
 Greenhill Avenue
 Shelley Drive (part)
 Parish Way (part)
 Oriel Way
 Temple Way
 Footpath from Temple Way to Oriel Way
 Footpath from Oriel Way to Monks Way
 The Lindales
 Cumbrian Walk
 Chiltern Walk
 Cheviot Walk
 Abbey Square
 Darrington Place
 Jacques Place
 Malcolm Close
 Lambert Walk
 Sykes Street, Kingstone
 Kingstone Place
 Glenmoor Avenue
 Moorland Avenue (part)
 Raley Street (part)
 Don Drive
 Sheaf Court
 Calder Crescent (part)
 Richard Road
 Richard Avenue
 Ledbury Road and Access Road
 Porter Avenue
 Porter Terrace
 Northgate
 Beaumont Avenue
 Beaumont Avenue back roads
 Knowsley Street
 Lord Street, Hoyle Mill
 Wade Street, Pogmoor
 St. Hilda's Avenue
 Hope Street, Monk Bretton
 Charity Street, Monk Bretton
 Greenfoot Lane (part)
 Sykes Avenue, Gawber Road
 Mark Street
 Sadler Gate
 Lancaster Gate
 Taylor Row
 Norman Close
 Longcauseway (part)
 Honeywell Place
 Clanricarde Street
 Halifax Street
 Stone Street
 Smithies Street
 Carlton Street

WATER SUPPLY

The following information is supplied in accordance with the requirements of Department of Health and Social Security Circular 1/70.

1. Rainfall was recorded as follows:

Jordan Hill.. .. . 856 mm
Midhope Reservoir 1228 mm

- 2.(a) Water supply for the area was satisfactory in quality and quantity.

(b) All the reservoir waters are filtered and all supplies are chlorinated.

(c) All the houses in the County Borough have a direct supply.

(d) The fluoride content of the water varied between 0.14 and 0.17 mg. per litre.

3. Regular examination of both new and treated water was made in the Department's laboratory with control examinations by a public analyst at Sheffield. Results obtained were:

SOURCE	NO. OF SAMPLES	NO. OF SAMPLES WITH PRESUMPTIVE COLIFORM COUNTS	HIGHEST COUNT
RAW WATER			
Midhope Reservoir ..	37	21	180+
Ingbirchworth Reservoir	43	34	180+
Royd Moor Reservoir	40	35	90
TREATED WATER (EX FILTERS)			
Midhope	62	—	—
Ingbirchworth	68	—	—
Royd Moor	66	—	—
TREATED WATER (EX SUPPLY IN COUNTY BOROUGH)			
Laboratory	208	3	2)Non-
Public Analyst	52	1	1)faecal

The samples from supply in the County Borough were all satisfactory according to the recommendations of the 1969 edition of Report No. 71, The Bacteriological Examination of Water Supplies.

Regular full chemical analyses of all supplies, raw and treated, were carried out and the results were satisfactory.

	NO. OF SAMPLES
Midhope Raw	5
Midhope Treated	5
Ingbirchworth Raw	5
Ingbirchworth Treated	5
Royd Moor Raw	6
Royd Moor Treated	6
Supply Samples	11

No trace of lead was found in any of the samples examined. All the reservoir waters are treated with lime to remove the possibility of plumbosolvent action.

Fluoridation of Water Supplies

In Department of Health Circular 1/70, a specific request was made for information as to the action taken by the council under Circulars 12/63 and 24/68 with a view to the fluoridation of the public water supplies. No action was taken during 1969 in respect of Circular 12/63.

The minutes of the council, No. 873 and 1365 of 1968/69 relevant to the consideration of Circular 24/68 read as follows:—

“Further to Minutes Nos. 3276 and 4001 (1967-68) the Town Clerk submitted Ministry of Health Circular 24/68 under the above heading. Recommended that consideration of the said circular be deferred until the next ordinary monthly meeting of the Committee.”

“Further to Minute No. 873 the Town Clerk reported on Ministry of Health Circular 24/68 under the above heading and submitted letters from the Darfield, Dodworth, Penistone and Royston Urban District Councils requesting the fluoridation of water supplied to their districts, together with a letter from the West Riding Divisional Education Officer forwarding a report on a dental survey carried out in the Staincross area schools which was linked with the non-fluoridation of the water supply. The Committee considered the supplementary dental report of the Principal School Dental Officer on this matter (a copy of the same had previously been circulated to each member of the Committee).

“Recommended that the said circular and letters be received and no action be taken in the matter.”

It is submitted that quotation of these minutes constitutes compliance with the request in Circular 1/70.

It is considered once again necessary to record the advice tendered to the authority by the medical and dental staff.

- (i) The addition to the water supply of sufficient fluoride to bring the content of the Barnsley water up to 1.0 parts per million of fluoride would greatly improve the dental health of a large portion of the community without causing deleterious effects to any member thereof.
- (ii) Tablets containing a preparation of fluoride to be taken by mouth cannot be recommended as a satisfactory substitute for fluoridation of the water supply. Such tablets are not described in the British Pharmacopoeis or the British Pharmaceutical Codex. The medical and dental advisers to the authority would wish it to be recorded therefore that any availability of such tablets does not imply that they prescribe them or accept any responsibility whatsoever arising from the use or misuse of such tablets.

SEWAGE DISPOSAL WORKS

Effluents from both the works at Lundwood and Carlton have almost invariably been good in quality throughout 1969; with the exception of one or two occasions they have been well within Royal Commission Standard. Discharges of settled storm sewage direct to the river were average.

The method of sludge drying on the open underdrained beds was satisfactory and more than half the total volume of sludge produced had to be transferred to emergency sludge lagoons. In time these lagoons will be completely full and a mechanical dewatering plant will have to be installed.

FOOD AND FOOD POISONING

A total of 3 cases of food poisoning were notified. In 2 of these *Salmonella enteridis* was the causal agent. *Salmonella typhimurium* was recovered from the remaining case. In no case was it found possible to isolate the organism from an article of food.

INSPECTION OF THE AREA

In accordance with the Public Health Officers' Regulations, 1959, Article 25(20) (S.R. & O. 1959, No. 962) the following tables and information have been submitted by the Chief Public Health Inspector.

Inspection of dwellinghouses for disrepair and routine inspections of various other premises for hygienic reasons still form a large part of the Public Health Inspector's duties, and the following tables I and II give in statistical form, details of this work.

TABLE I

INSPECTION WORK

Total number of Inspections made	..	..	..	..	..	6,997
Total number of Re-inspections made	..	..	..	..	..	5,107
Total number of Defects found	..	..	..	..	..	1,328
Total number of Defects remedied	..	..	..	..	..	1,168
Total number of Informal Notices served	..	..	..	..	..	395
Total number of Formal Notices served	..	..	..	..	..	111
Total number of Informal Notices abated	..	..	..	..	..	254
Total number of Formal Notices abated	..	..	..	..	..	78

TABLE II
SUMMARY OF INSPECTIONS MADE

Dwellinghouses:

NO. INSPECTED	INSPECTIONS	RE-INSPECTIONS
Re: Filthy Condition	3	67
Re: Verminous Condition	171	233
Re: Other Conditions	1997	3870
Re: Houses in Multiple Occupation ..	6	17
Re: Common Lodging Houses	7	—
Re: Tents, Vans and Sheds	82	218

Other Premises

INSPECTION OF

Dairies	20	—
Ice Cream Premises	149	42
Catering Premises	107	44
Premises re. Diseases of Animals Acts ..	457	20
Knackers Yard	14	—
Food Preparing Premises.. .. .	33	15
Pet Animals Premises	8	1
Markets	62	1
Licensed Premises	30	32
Food Shops	551	140
Animal Boarding Establishments	6	—
Factories with Power	73	24
Factories without Power	6	1
Outworkers Premises	6	4
Bakehouses.. .. .	21	4
Hawkers Premises	83	3
Hairdressers Premises	59	32
Offices, Shops and Railway Premises ..	705	237
Cinemas and Theatres	7	2
Scrap Metal Dealers	30	5
Offensive Trades	12	—
Smoke Observations	171	—
Visits to Plants	107	—
Smoke Control Area Visits	1431	1
Premises re. noise complaints	45	—
Other Premises	548	94
TOTAL NUMBER OF DEFECTS FOUND ..	1202	126
TOTAL NUMBER OF HOUSES AFFECTED ..	909	125
TOTAL NUMBER OF OTHER PREMISES AFFECTED	141	8

A summary of nuisances abated and defects remedied in dwelling-houses and other premises as shewn in the statistical table appended below:

TABLE III

Dwellinghouses:

INTERNAL:

Floors repaired or renewed	..	..	..	..	..	..	..	25
Walls repaired or renewed	..	..	..	..	..	..	..	126
Ceilings repaired or renewed	..	..	..	..	..	..	..	46
Fireplaces repaired or renewed	..	..	..	..	..	..	..	34
Flues repaired or renewed	..	..	..	..	..	..	..	2
Windows repaired or renewed	..	..	..	..	..	..	..	21
Doors repaired or renewed	..	..	..	..	..	..	..	13
Staircases repaired or renewed	..	..	..	..	..	..	..	6
Sinks repaired or renewed	..	..	..	..	..	..	..	22
Waste pipes repaired or renewed	..	..	..	..	..	..	..	36
Foodstores provided or improved	..	..	..	..	..	..	..	2
Fuel Stores provided or improved	..	..	..	..	..	..	..	1
Cleansed and limewashed	..	..	..	..	..	..	..	2
Freed from vermin	..	..	..	..	..	..	..	53
Damp conditions abated	..	..	..	..	..	..	..	66
Baths repaired or improved	..	..	..	..	..	..	..	9

EXTERNAL

Roofs repaired	..	..	..	..	..	..	..	23
Eaves spouts repaired or renewed	..	..	..	..	..	..	..	31
Downspouts repaired or renewed	..	..	..	..	..	..	..	12
Downspouts disconnected from drains	..	..	..	..	..	..	..	4
Downspouts cleansed	..	..	..	..	..	..	..	2
Walls repaired or repointed	..	..	..	..	..	..	..	18
Chimney stacks repaired or repointed	..	..	..	..	..	..	..	2
Doors repaired or renewed	..	..	..	..	..	..	..	5
Steps repaired or renewed	..	..	..	..	..	..	..	2
Yard paving repaired	..	..	..	..	..	..	..	7

Drains:

Cleansed	..	..	..	..	..	..	..	155
Repaired	..	..	..	..	..	..	..	68
Disconnected from sewer	..	..	..	..	..	..	..	1
Self cleansing gullies provided	..	..	..	..	..	..	..	7
Soil pipes repaired	..	..	..	..	..	..	..	1

Inspection Chambers:

Repaired or improved	..	..	..	..	..	..	..	7
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Water Closets:

Structure repaired or improved	..	..	..	..	..	..	..	13
Fittings repaired or improved	..	..	..	..	..	..	..	93

Waste Water Closets:

Abolished	..	..	..	..	..	..	..	1
Converted to water closets	..	..	..	..	..	..	..	3

Pail Closets:										
Repaired	..	..	..	..	..	..	..	..	..	2
Ashbins:										
Renewed for houses	..	..	..	..	..	..	..	..	..	49
Renewed for other premises	..	..	..	..	..	..	..	..	..	3
Bakehouses:										
Cleansed and limewashed	..	..	..	..	..	..	..	..	..	4
Premises improved	..	..	..	..	..	..	..	..	..	8
Hawkers Premises:										
Premises improved	..	..	..	..	..	..	..	..	..	6
Offensive Trades:										
Premises cleansed or limewashed	..	..	..	..	..	..	..	..	..	2
Food Preparing Premises:										
Cleansed and limewashed	..	..	..	..	..	..	..	..	..	2
Premises improved	..	..	..	..	..	..	..	..	..	7
Food Shops:										
Premises improved	..	..	..	..	..	..	..	..	..	79
Offensive Accumulations:										
Removed	..	..	..	..	..	..	..	..	..	5
Licensed Premises:										
Improved	..	..	..	..	..	..	..	..	..	19
Catering Premises:										
Improved	..	..	..	..	..	..	..	..	..	45
Offices and Shops:										
Premises cleansed	..	..	..	..	..	..	..	..	..	1
Sanitary conveniences provided	..	..	..	..	..	..	..	..	..	6
Washing facilities provided	..	..	..	..	..	..	..	..	..	2
Factories:										
Ventilation improved	..	..	..	..	..	..	..	..	..	1
Sanitary conveniences improved	..	..	..	..	..	..	..	..	..	5
Artificial light provided	..	..	..	..	..	..	..	..	..	1
Cinemas and Theatres:										
Defects remedied	..	..	..	..	..	..	..	..	..	2
TOTAL DEFECTS REMEDIED										
TOTAL HOUSES AFFECTED	..	..	..	..	..	..	..	..	..	1168
TOTAL OTHER PREMISES AFFECTED	..	..	..	..	..	..	..	..	..	1034
TOTAL OTHER PREMISES AFFECTED	..	..	..	..	..	..	..	..	..	110

Housing matters play an important part in the Public Health Inspector's day to day work.

Appended below is Table IIIa in statistical form giving details of Housing Inspections under the various headings.

TABLE IIIa
HOUSING INSPECTIONS

	INSPECTIONS	RE-INSPECTIONS
Individual Unfit Houses:		
No. inspected.. .. .	8	13
Clearance Areas:		
Houses inspected	194	65
Other buildings inspected	3	1
Overcrowding:		
Houses inspected	8	1
Improvement Grants:		
No. of Visits	341	157
Housing Act, 1964:		
Visits re: Section 19—Representations	22	3

FACTORIES ACT 1961

The inspection of factory premises for the purposes of the health provisions and the cases in which defects were found and remedied are shewn in the table below, as required by the Secretary of State for Employment and Productivity.

Liaison with the district Inspector of Factories at Wakefield is well maintained.

TABLE IV

1. Inspections for purposes of provision as to health.

PREMISES	NUMBER ON REGISTER	NUMBER OF		
		INSPECTIONS	WRITTEN NOTICES	OCCUPIERS PROSECUTED
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	8	7	—	—
2. Factories not included in (1) in which Section 7 is enforced by Local Authorities	220	118	6	—
3. Other premises in which Section 7 is enforced by Local Authorities	5	4	2	—
TOTAL	233	129	8	—

2. Cases in which defects were found.

PARTICULARS	NUMBER OF CASES IN WHICH DEFECTS WERE FOUND				NUMBER OF CASES IN WHICH PROSECUTIONS WERE INSTITUTED
	FOUND	REME-DIED	REFERRED TO H.M.I.	BY H.M.I.	
Want of Cleanliness .. (S.1)					
Overcrowding (S.2)					
Unreasonable Temperature (S.3)					
Inadequate ventilation.. (S.4)					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences.. (S.7)					
(a) Insufficient	1				
(b) Unsuitable or defective	5	1			
(c) Not separate for sexes					
Other offences against the Act	2	4			
TOTAL ..	8	5			

Caravans and Caravan Sites

There are no public or private caravan sites in the district. The only persons desiring such sites are the itinerant or gipsy caravanner and the Council at present are not disposed to provide a site or sites for these persons.

Most of these itinerant caravan dwellers move on when requested so to do, but in one case at Stairfoot, a number of caravans were parked on private land, refused to leave when requested, and a few weeks elapsed before the owner of the land removed the caravans. This episode resulted in the Council forming a Caravan Co-ordinating Committee to deal with this matter. The Committee met on one other occasion to determine the ownership of a site, and the provision of the necessary fencing.

The number of caravans illegally sited remain few and are mostly the same people, who have local connections, returning after spells of touring.

Common Lodging Houses

There is one registered Common Lodging House which is situated at 26 Doncaster Road, Barnsley. The registered number of occupants is 117.

The common lodging house fulfils a need for a certain type of person who would otherwise be homeless. There is full co-operation between the keeper and the Department.

The Common Lodging House has been maintained in a satisfactory manner.

Cinemas and Theatres

The two cinemas and the various premises where occasional stage plays are performed, have been kept in a satisfactory state and the sanitary accommodation is sufficient and suitable.

Offensive Trades

There are only two offensive trade premises in the district, and consent to the renewal of establishment was granted during the year.

The premises consist of:—

- 1 Tripe Boiler
- 1 Bone Boiler and Fat Extractor.

There have been occasional complaints of smell nuisance from the fat extraction premises, which have been immediately rectified on representation from the Department.

All meat sold for animal food is sterilised as required by the Meat (Sterilization) Regulations, 1969.

Knackers Yard

These premises were re-licensed during the year. They adjoin the fat extraction premises and are situated within the same curtilage.

Only a small trade is done and the premises were kept in a satisfactory condition.

Scrap Metal Dealers

Seventeen persons with respect to ten premises made application for registration during the year.

At the end of the year there were 46 persons and 28 premises registered under the Act.

The Clean Air Act, 1968, which came into operation during 1969, makes it an offence to burn materials in the open. All the registered scrap metal dealers were circulated with this information and warned as to low level burning.

Two persons were successfully prosecuted for carrying on business without being registered by the Local Authority.

Noise Nuisances

Two Public Health Inspectors attended a course on noise control during the year.

Two major causes of noise nuisance were dealt with during the year.

CASE 1 A large number of residents adjoining an engineering works, signed a letter of complaint with respect to noise, chiefly occurring at night. Investigation revealed that because of a delay in delivery time, the firm concerned put on a night shift to fabricate metal and so causing a noise nuisance. A formal notice under the Noise Abatement Act, 1960 and Public Health Act, 1936 was served on the owners requesting abatement of the nuisance. The firm withdrew the night shift and the nuisance was abated.

CASE 2 A vacuum cleaning machine at a public omnibus depot was operated in the late evening causing noise and vibration to dwellings in the area. Notice was served on the Company and the vacuum plant was provided with baffles and a silencer, which effectively reduced the noise to an acceptable level.

A large number of minor cases of neighbourhood noise were dealt with due to nuisance of motor cars, barking of dogs, etc.

Smoke Abatement

Pollution of the environment by various means is receiving nation wide coverage, and indeed the Prime Minister is to set up a Committee to deal with pollution in all its forms.

Air pollution is mainly regulated by the Clean Air Acts, 1956 and 1968, the latter Act coming into operation during 1969. One section of the 1968 Act prohibits low level burning of material and this has resulted in reducing the number of fires at scrap metal dealers premises and at other factory premises where waste of all types was burnt in the open.

There has been some difficulty in the availability of solid smokeless fuels, but the Barnsley area has been provided with a sufficient supply.

One large factory in the area has changed from coal burning to oil burning and the result is very marked. A chemical works in the area closed down and a smell and smoke nuisance was abated.

Smoke Control Areas

Three smoke control areas were confirmed by the Minister of Housing and Local Government during the year. Smoke Control Order No. 12, 1969 was the subject of one objection and the objector refused to withdraw his objection. A hearing will take place during 1970 to deal with the objection.

The Ministry have intimated that due to a national shortage of solid smokeless fuel further smoke control areas will not be confirmed until after April 1971.

The following Smoke Control Orders were confirmed during the year:—

Barnsley Smoke Control Order No. 10, 1969

Confirmed 7th July, 1969.

Operative date of Order: 1st July, 1970.

Comprises 26 dwellinghouses (building)

Area: 13.17 acres.

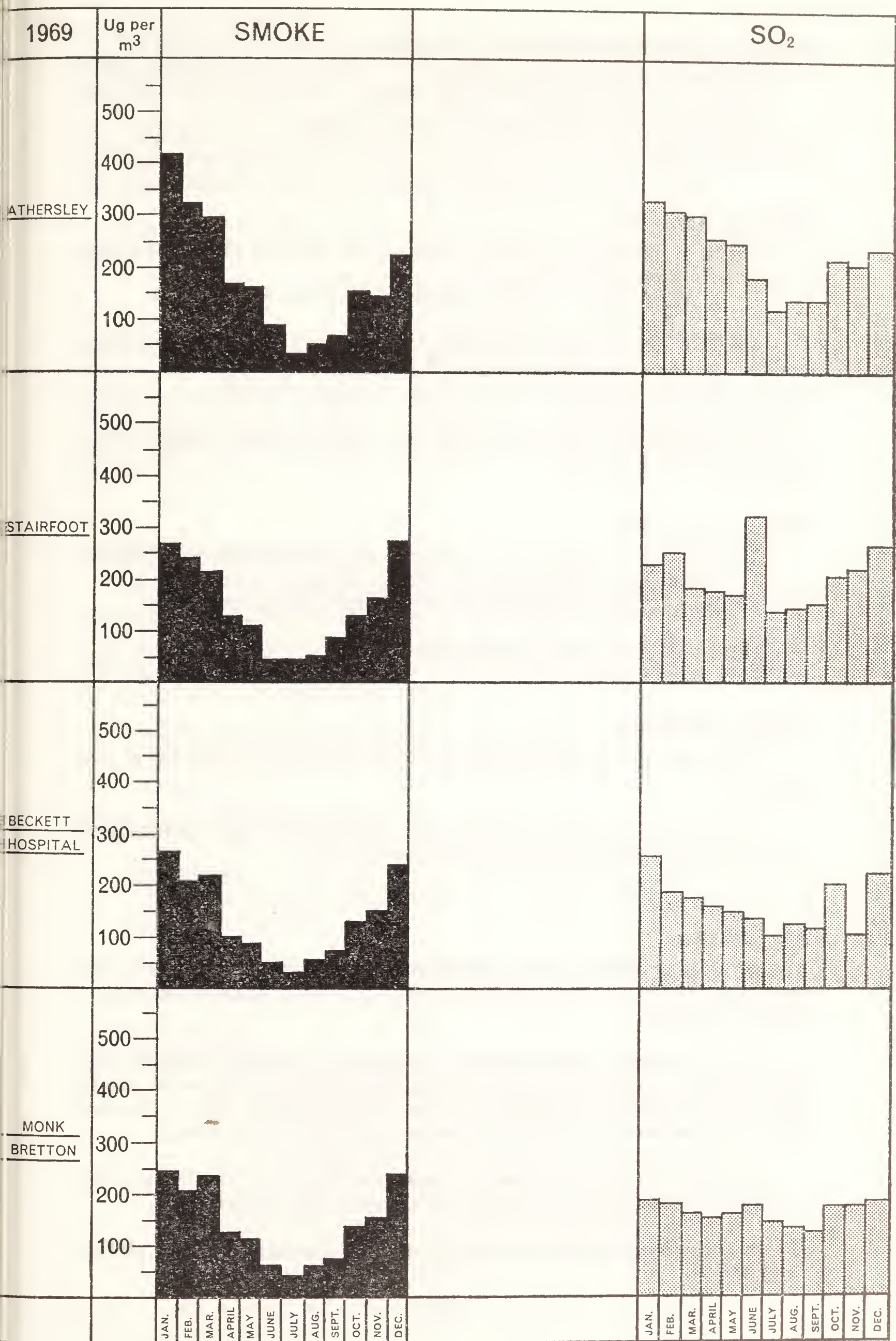
Barnsley Smoke Control Order No. 11, 1969

Confirmed 7th July, 1969.

Operative date of Order: 1st July, 1970.

Comprises 91 dwellinghouses and 20 other premises.

Area: 14.57 acres.



Barnsley Smoke Control Order No. 13, 1969

Confirmed 28th November, 1969.

Operative date of Order: 1st July, 1970.

Comprises 348 dwellings and 19 other premises.

Area: 34.6 acres.

Clean Air Act, 1956

Notice of intention to install a furnace was received in respect of the following four premises:—

F. W. Woolworth & Co. Ltd., Queen Street/Eldon Street,
Barnsley.

T. Roberts & Son (Barnsley) Ltd., Wentworth Street, Barnsley.

Butterfields & Massies Ltd., 1/5 Church Street, Barnsley.

Mr. M. Williams, 7 Spring Lane, Carlton, Barnsley.

No applications were received for prior approval with respect to the installation of a furnace.

Clean Air Act, 1968

Applications for approval of chimney height were received from:—

Wood Bros. Glass Co. Ltd., Pontefract Road, Barnsley.

Butterfields & Massies Ltd., 1/5 Church Street, Barnsley.

These two applications were approved.

Colliery Spoilbanks

There were no nuisances caused by burning colliery spoilbanks during the year.

The number of collieries within the Borough boundary is now reduced to one—namely Wharncliffe Woodmoor 4 & 5 pits.

Air Pollution

Barnsley maintains four smoke and sulphur continuous recording stations at Athersley (clinic), Stairfoot (clinic), Monk Bretton (clinic) and Beckett Hospital.

There has been a slight decline over the years in smoke pollution and, although the Smoke Control Order No. 4 (covering the Athersley North area) has only been in operation since 1st September, 1969, a marked difference has been noted in the appearance of the environment.

Co-operation with the Warren Spring Laboratory of the Department of Education and Science continues in the survey of air pollution.

A graph showing the smoke and sulphur recordings at each station is appended.

In addition to the four smoke and sulphur recording stations, five other stations are at present maintained for estimating the amount of sulphur in the atmosphere by the lead dioxide method.

This pollutant remains fairly constant and it will be interesting to note in the future if the power given in the Clean Air Act, 1968 to regulate chimney heights, will cause a greater diffusion of this pollutant.

Analytical results at these stations for the last three years are as follows:—

STATION	AVERAGE DAILY FIGURES IN MILLIGRAMS PER 100 SQ. CENTIMETERS		
	1967	1968	1969
Kendray Hospital . .	2.11	2.09	2.46
Public Abattoir . .	2.28	2.41	2.43(average for 11 months)
Girls' High School	1.79	1.86	1.74(average for 9 months)
147 Lindhurst Road	1.29	1.40	1.49
Carlton Green . .	1.82	1.76	1.59

Hairdressers and Barbers

These premises are regulated by the Barnsley Corporation Act, 1949, and Byelaws made thereunder. The Act requires all persons and their premises to be registered and the Byelaws provide a hygienic code of practice. Routine visits of inspection are made and the premises generally are conducted in a satisfactory manner.

No infringements of the Byelaws were found.

Disinfection and Disinfestation

Disinfection

Due to the reduction in infectious diseases, terminal disinfection is not now required.

11 Hospital wards and 6 articles from the wards were disinfected during the year.

Disinfestation

The following premises were treated during the year:—

- 53 local authority houses treated for bugs.
- 22 local authority houses treated for cockroaches.
- 4 local authority houses treated for clover mite.
- 6 local authority houses treated for other purposes.
- 14 privately owned houses treated for bugs.
- 1 privately owned house treated for ants.
- 7 sets of household furniture fumigated for bugs.
- 6 persons and their clothing were cleansed and fumigated at the Cleansing Station.

Rodent Control

Two rodent operatives are employed full time for the eradication of rats and mice.

The following surface infestations were dealt with:—

- 661 dwellinghouses for rats.
- 80 dwellinghouses for mice.
- 62 business premises for rats.
- 19 business premises for mice.
- 5 local authority premises for rats.
- 3 local authority premises for mice.

One sewer treatment, comprising 1,222 manholes, was carried out during the year.

One sample sewer treatment of 200 manholes in the town centre area was carried out by a servicing company using direct poisoning by fluoracetamide.

Swimming Baths

The bath water at the public swimming baths, Race Street and the school swimming baths, is subject to routine sampling for bacteriological examination.

The number of samples taken and the result of such samples is as under:—

Public Baths, Race Street

<i>Large Bath</i> —25 samples taken	.. ..	21 satisfactory
		4 unsatisfactory
<i>Small Bath</i> —25 samples taken	.. ..	23 satisfactory
		2 unsatisfactory
Raley School Bath —21 samples taken	.. ..	21 satisfactory
St. Helen's School Bath —21 samples taken	..	17 satisfactory
		4 unsatisfactory

Rag Flock and Other Filling Materials Act, 1951

One manufacturing premises is registered under the above Act.

Six samples of filling materials were taken for analysis and all the samples were found to conform to the Regulations.

The materials sampled were:—

Dacron	..	1 sample
Woollen flock		1 sample
Terylene	..	1 sample
Feathers	..	2 samples
Down	.. ..	1 sample
		—
		6 samples
		—

Fertilisers and Feeding Stuffs Act, 1926

During the year 21 samples of fertiliser were obtained and sent to the Agricultural Analyst for analysis.

The fertilisers taken for analysis are as under:—

Phostro Tabs	1 sample
Lawn Tonic	1 sample
Compure K	1 sample
General Liquid Fertiliser	1 sample
Growmore	1 sample
Grass Fertiliser No. 2	1 sample
Sulphate of Potash	1 sample
Dried Blood	2 samples
Baby Bio	1 sample
John Innes Base	1 sample
All Purpose Fertiliser	1 sample
Superphosphate of Lime	1 sample
Nitrate of Soda	1 sample
Tenday Fertiliser	1 sample
Rose Planting Fertiliser	1 sample
Velvetone	1 sample
Bone Meal and Hoof and Horn	1 sample
Rose Manure	1 sample
Garden Plus	1 sample
Houseplant Plus	1 sample
	—
	21 samples
	—

One sample of Dried Blood did not have a statutory statement and the vendor was warned by letter.

All the other samples conformed to the Regulations.

Pet Animals Act, 1951

There are two premises licensed under the above Act to sell pet animals. Both the premises have been conducted in a satisfactory manner and complied with the conditions of the licence.

Animal Boarding Establishment Act, 1963

Two premises are licensed under the above Act to keep animal boarding establishments.

These premises were conducted in a satisfactory manner.

HOUSING

Slum Clearance

The clearance of slum houses is proceeding in a well defined pattern and by the end of 1970 slum clearance will have been virtually completed.

The following Clearance Areas were declared during the year:—

Burton Road Clearance Area No. 186	14 houses
Doncaster Road Clearance Area No. 187	8 houses
Cawley Place Clearance Area No. 188	16 houses
Mill Street Clearance Area No. 189	22 houses
	—
	60 houses
	—

Individual Unfit Houses dealt with:

- 22 dwellinghouses were represented as unfit with a view to closing or demolition.
- 26 Closing Orders were made.
- 1 Demolition Order was made.
- 2 Undertakings from owners to make the houses fit were accepted.

Unfit Houses Demolished in Clearance Areas

Doncaster Road Clearance Area No. 176	6 houses
Cresswell Street Clearance Area No. 177	7 houses
Railway Terrace Clearance Area No. 180	16 houses
Watson Street Clearance Area No. 181	19 houses
	—
	48 houses
	—

Individual Unfit Houses Closed

23, 25, Clyde Street	2 houses
8, 9, 15, 18, 32, 45, 50, 29, 48A, 55, 56, 57, 62, 63, 74, 77, 78, 80, Carlton Terrace, Carlton	18 houses
	—
	20 houses
	—

Individual Unfit Houses Demolished

23 Honeywell Lane	1 house
---------------------------	---------

Individual Unfit Houses Demolished by Agreement with Owners

2, 4, 6, 8, 10, Bismarck Street	5 houses
---	----------

Improvement Areas

Housing Act, 1969

The long awaited Housing Act, 1969 became operative at the end of August and the Council considered Part II of the Act with respect to general Improvement Areas. A decision in principle, to declare a general Improvement Area in the Castle Street area was made, and provision for the necessary monies was put in the 1970/71 capital estimates to carry out the project.

The Barnsley Improvement Area No. 1, 1967 made under the Housing Act, 1964 is still being implemented and at the end of the year of the 27 Immediate Improvement Notices served 18 were abated, the houses being provided with the required amenities.

Improvement of Dwellings outside Improvement Areas
Housing Act, 1964—Section 19

During the year the tenants of 22 privately owned dwellinghouses made representation to the Local Authority requesting the Council to enforce the provision of the standard amenities.

As a result of representations made, the following action was taken:—

- 25 Preliminary Notices were served.
- 13 Immediate Improvement Notices were served.
- 19 dwellings were improved to the full standard.
- 3 dwellings were improved by the Council in default of the owner.
- 1 owner served a purchase notice on the Council.

Improvement Grants

This very important facet of housing improvement continues to be very popular. Applications for grants are increasing year by year.

The Housing Act 1969 increased the grant payments that can be made both for standard grants and discretionary grants.

The following grants were approved during the year:—

- 94 Discretionary Grants.
- 279 Standard Grants.

Improvements carried out were:—

- 62 Discretionary Grants comprising 70 houses
- 264 Standard Grants.

The standard grant amenities provided were:—

Fixed baths	.. .. .	232
Wash Hand Basins	.. .. .	245
Hot Water Supply	.. .. .	232
Internal Water Closets	.. .. .	260
Food storage Facilities	.. .. .	2

2,500 dwellinghouses have now been improved by the aid of grant since the inception of the scheme.

Sanitary Accommodation

There are still 15 premises on the conservancy system in the Borough. 12 of these dwellinghouses will be able to be drained into a public sewer and this will be accomplished next year.

At the close of the year there were approximately 26,116 dwellinghouses in the Borough.

Of this number 24,068 or 92% had separate water closets and 2,048 or 8% had shared sanitary accommodation.

21,407 dwellinghouses or 82% had hot water and baths and 4,709 or 18% had no hot water supply or baths.

Houses in Multiple Occupation

The number of dwellinghouses used for this purpose are very few in number and are provided with the required amenities.

There is no insufficiency of houses in the Borough and this undoubtedly reduces the desire for multiple occupancy and the resulting overcrowding.

Rent Act, 1968

Housing Act 1969

Regulated tenancies and Qualification Certificates

Part III of the Housing Act, 1969 sets a new pattern for deciding rents of dwellinghouses that have been improved to a new standard.

Owners of dwellinghouses which are provided with the necessary standard amenities and of houses where it is proposed to improve them to the required standard, may apply to the Local Authority for a Qualification Certificate. If the Local Authority grant a Qualification Certificate the Rent Officer can change the tenancy from a controlled tenancy to a regulated tenancy and fix a fair rent for the dwelling.

During the year, 9 applications were received for qualification certificates and 3 provisional certificates were issued.

Offices, Shops and Railway Premises

All premises have received an initial general inspection and most premises have received two or three re-inspections. Practically all the premises conform to the requirements of the Act, the bulk of the contraventions being of a minor character and are speedily remedied.

Two occupiers were prosecuted during the year for non-provision of hot running water and were convicted of the offence and fined £5. The occupiers subsequently provided hot running water to their premises.

The Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968 came into force on 28th May, 1969. These Regulations impose a duty on Local Authorities to see that all lifts in these premises comply with the Regulations. Two one day courses on Hoists and Lifts were held during the year and were attended by two Technical Assistants.

Appended herewith is a copy of a narrative report together with the statistical report for the year 1969, which was submitted to the Department of Employment and Productivity.

During the year forty-three new premises were registered comprising eight offices, thirty-one retail shops and four wholesale warehouses, all of which received a general inspection.

The total number of registered premises at the end of the year was 699 (slightly less than the figure for 1968) due to demolition of premises for town centre redevelopment and small shops not now employing persons.

The number of registered premises receiving one or more general inspections during the year was 416. The total number of visits of all kinds was 964.

Three complaints from staff employed in retail shops were received with respect to insufficient heating. As a result of representations from the Department, additional heating was provided.

Two occupiers were successfully prosecuted during the year. Both offences were for the absence of hot running water in retail shops.

Since the coming into operation of the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, forty-two lifts have been inspected and recorded. These comprised nine passenger, twenty four goods and nine service lifts. In all but eight cases the prescribed form F54 was retained on the premises. Letters have been sent to the occupiers of these premises pointing out that retention of this form is required for 2 years. Minor defects were found in some of the lifts examined. In one case notification was received of serious defects in one lift and the occupiers were warned by written notice.

No unusual occurrences arose during inspections and 93 letters were sent to occupiers and owners drawing attention to contraventions of the Act. Appended is a list of the class of premises and the letters sent out in each case:—

CLASS OF PREMISES	LETTERS SENT OUT
Offices	15
Retail Shops	71
Wholesale Shops and Warehouses	2
Catering Establishments	3
Fuel Storage Depots	2
	—
Total ..	93
	—

The total number of registered premises, classified under different heads, at the end of the year was as follows:—

Offices	150
Retail Shops	446
Wholesale Shops and Warehouses	42
Catering Establishments	50
Fuel Storage Depots	11
	—
Total ..	699
	—

TABLE V
Contraventions found during the year

CONTRAVENTION	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS	FUEL STORAGE DEPOTS	TOTAL
Cleanliness S.4	-	-	-	-	1	1
Temperature S.6	3	18	-	-	2	23
Ventilation S.7	-	4	-	-	-	4
Sanitary Accommodation S.9	7	51	2	-	-	60
Washing Facilities S.10	5	-	1	-	-	6
Supply of Drinking Water S.11	1	-	-	-	-	1
Accommodation for Clothing S.12	1	-	-	-	-	1
Sitting Facilities S.13	-	1	-	-	-	1
Floors, Passages and Stairs S.16	-	7	-	-	-	7
Fencing of Machinery S.17	2	1	-	-	-	3
First Aid Equipment S.24	3	13	-	3	2	21
Information for Employees S.50	11	40	1	3	1	56
Hoists and Lifts Regulations 1968	1	9	-	2	-	12
TOTALS	34	144	4	8	6	196

TABLE VI
Contraventions Remedied

CONTRAVENTIONS	OFFICES	RETAIL SHOPS	WHOLESALE SHOPS AND WAREHOUSES	CATERING ESTABLISHMENTS	FUEL STORAGE DEPOTS	TOTAL
Temperature S.6	-	7	-	1	2	10
Sanitary Accommodation S.9	3	11	-	1	-	15
Washing Facilities S.10	3	3	-	-	-	6
Floors, Passages and Stairs S.16	-	1	-	-	-	1
First Aid Equipment S.24	3	7	-	-	2	12
Information for Employees S.50	3	9	1	1	2	16
Hoists and Lifts Regulations 1968	-	1	-	-	-	1
TOTALS	12	39	1	3	6	61

Accidents

Fifty-three accident notifications were received and investigated. Two accidents were found not to be reportable. This figure is a decrease of 16 on last year and it is hoped that this arises from safer working conditions and not from failure to notify accidents. The necessity to report accidents is constantly brought to the notice of occupiers of premises during inspections.

There were no fatal accidents and of the total of 51 reported accidents, 40 occurred in retail shops, 5 in wholesale shops and warehouses, 3 in offices, 2 in catering establishments and 1 in a canteen.

Nine of the accidents were of a serious nature involving bone fractures, burns and lacerations. In four of these cases the employers were requested in writing to take certain steps to obviate similar accidents in future.

TABLE VII
INJURIES FROM ACCIDENTS

TYPE OF ACCIDENT	MALES	FEMALES	YOUNG PERSONS	
			MALES	FEMALES
Bone fractures and dislocations		4	1	1
Sprains and strains	4	8	1	2
Open wounds	4	6	2	2
Bruising etc.	2	9	1	1
Burns	1	1		
Other injuries		1		
	—	—	—	—
Totals ..	11	29	5	6
	—	—	—	—

TABLE VIII
MAIN CAUSES OF ACCIDENTS

TYPE OF ACCIDENT	MALES	FEMALES	YOUNG PERSONS	
			MALES	FEMALES
Non-power driven machinery		1		
Hand tools	2	2	1	
Falls on or from fixed stairs ..	1	2		2
Falls on or from ladders		1		
Falls from one level to another	1	2	1	
Falls on same level	2	4		
Stepping or striking against object	1	8	1	
Handling goods	3	9	2	3
Not otherwise specified	1			
	—	—	—	—
Totals ..	11	29	5	6
	—	—	—	—

Diseases of Animals Act, 1950

The enforcement of the provisions of the Diseases of Animals Acts, together with a large number of Orders and Regulations made thereunder, is enforced by the Sanitary Department.

All members of the Inspectorial staff and a large number of police officers have been appointed as Inspectors under the Act by the Council.

The main routine duties are carried out by a technical assistant. This involves attendance at the weekly cattle market for inspection of markets and transport, and the issuing of licences under the Regulation of Swine Order, 1950. 582 licences were issued during the year.

368 visits were made to premises where store pigs were removed under licence.

11 premises are licenced under the Diseases of Animals (Waste Foods) Order, 1957 and are regularly inspected.

Two suspected cases of anthrax were reported but on investigation were found to be negative.

Two travelling circuses were visited and the certificate of importation of animals was inspected and found correct.

Two persons were warned by letter with respect to infringements of the Regulation of Swine Order, 1950.

No legal proceedings were taken during the year.

Supervision of Food Premises

One specialist Food Hygiene Inspector deals with the implementation of the Food Hygiene (General) Regulations and the Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations. There are a large number of food stalls in Barnsley Market and special attention is given to this aspect of the work. Demolition is taking place in the central area of the town and a new covered market is to be erected in the first phase of the redevelopment.

With the co-operation of the occupiers of the larger food premises, talks have been given to food handlers and a course in food hygiene is to be commenced early in 1970 at the local College of Technology.

One prosecution for a number of offences against the Food Hygiene (General) Regulations was taken against the occupier of a restaurant. The occupier was fined £65 and costs.

Letters notifying contraventions of the Regulations were sent to occupiers with respect to the following premises:—

Retail food shops	20 letters sent
Factory canteens	10 letters sent
Hotels and clubs	4 letters sent
Manufacturing premises	10 letters sent
Cafes and restaurants	2 letters sent
Market stalls	3 letters sent
Mobile shops	19 letters sent

—
68
—

List of Food Premises

TYPE OF PREMISES	NUMBER
Bakehouses	16
Breweries	1
Butchers shops	63
Catering Establishments	42
Clubs	46
Flour Confectionery shops	33
Food preparing premises	55
Fried Fish shops	60
Fruit and vegetable retailers	35
Fruit and vegetable wholesalers	3
Grocery and provision dealers premises	227
Hawkers food storage premises	45
Hotels and public houses.. .. .	93
Ice Cream manufacturers	2
Ice Cream retailers	259
Milk depots and plants	2
Mineral water manufacturers	2
Off-licence premises	74
Premises from which milk is sold	155
School kitchens	26
Slaughterhouses.. .. .	1
Sugar confectionery shops	66
Tripe boilers	1
Wet fish shops	4
Wholesale confectionery stores	2
Wholesale grocery warehouses	5
Works canteens	23

Improvements in Food Premises

PREMISES	WASH BASINS PROVIDED	HOT WATER SUPPLY PROVIDED	PREMISES CLEANSED AND DECORATED	FIXTURES AND FITTINGS IMPROVED	WATER CLOSETS PROVIDED	PREMISES IMPROVED	FIRST AID EQUIPMENT PROVIDED
Food Preparing Premises	2	2	5	2	—	6	1
Hawkers Vehicles	—	2	—	—	—	—	1
Food Shops	7	10	16	5	9	11	2
Catering Establishments	2	4	14	5	4	10	1
Licensed Premises	9	9	—	—	7	—	—

Hawkers of Food and Food Storage Premises

These persons and their premises are registered under the Barnsley Corporation Act, 1949. These premises are regularly inspected.

22 hawkers of food applied for and were registered during the year.

2 hawkers food storage premises were registered during the year.

At the end of the year there were 123 hawkers of food on the register.

The number of food storage premises registered was 45.

Milk Supply

The total number of milk distributors is 155.

The following is a list of licences in operation for the sale of designated milk:—

1 Dealers (Pasteurisers) Licence.

2 Dealers licences for the designation "Untreated".

160 Dealers licences for the designation "Pasteurised or Sterilised".

1 Dealers licence for the designation "Ultra Heat Treated".

Bacteriological Examination of Milk

Milk is sampled as a matter of routine and the samples submitted to the Public Health Laboratory for examination.

One sample of Pasteurised milk failed the Methylene Blue Test. This sample was obtained from a vending machine and the producer was warned by letter.

Due to a complaint of dirty milk churns, a sample (4) of milk churn rinses was made at a dairy and the results were found to be satisfactory.

The following is a list of samples taken and the results of the subsequent examination:—

Methylene Blue Test

20 samples of Untreated milk—19 satisfactory.

1 void.

27 samples of Pasteurised milk—21 satisfactory.

1 unsatisfactory.

5 void.

Phosphatase Test

27 samples of Pasteurised milk—27 satisfactory.

Colony Test

1 sample of Ultra Heat Treated milk—1 satisfactory.

Turbidity Test

8 samples of Sterilised milk—8 satisfactory.

Brucella Abortus

20 samples of Untreated milk—20 satisfactory.

Antibiotics

13 samples of Untreated milk—13 satisfactory.

Ice Cream

100 samples of ice cream were procured and submitted for bacteriological examination with the following results:—

TYPE	TOTAL SAMPLES	GRADE I	GRADE II
Heat Treated	100	97	3

All these samples were satisfactory.
In addition one lollipop was examined and no pathogens were isolated.

Meat and Other Foods

All slaughtering of animals for human consumption is carried out at the Public Abattoir.
Two Authorised Meat Inspectors are on duty fulltime at the Abattoir.
One letter of warning was sent to one butcher who removed a carcass of mutton before inspection.
No prosecutions were taken during the year.

Animals Slaughtered and Inspected

Beasts	11,881
Sheep	27,763
Calves	90
Pigs	25,265
TOTAL	64,999

Fresh Meat Condemned at Abattoir

Beef	4,639 lbs.
Beef Offal	59,016 lbs.
Veal	346 lbs.
Veal Offal	456 lbs.
Mutton	1,277 lbs.
Mutton Offal	9,241 lbs.
Pork	6,764 lbs.
Pork Offal	5,301 lbs.
	87,040 lbs.

38 tons 17cwts. 16 lbs.

TABLE IX
Carcases and all Organs Condemned

ANIMAL	INFLAMMATORY DISEASES	BACTERIAL DISEASES	ACCIDENT
Bulls	1		
Heifers			1
Cows	8	1	
Calves	2	4	
Sheep	39	1	1
Pigs	7	14	

TABLE X
Carcases Partially Condemned

ANIMAL	TUBERCULOSIS	BACTERIAL DISEASES	ACCIDENT
Bullocks ..	1		
Heifers			1
Cows			3
Sheep			3
Calves			1
Pigs	1	1	2

TABLE XI
Various Organs Condemned as Unfit for Human Consumption

	HEADS	TONGUES	LUNGS	LIVERS	STOMACHS	KIDNEYS	HEARTS	SPLEENS	UDDERS	MESENTERIES	INTESTINES
TUBERCULOSIS											
Bullocks	2	2	1	1	—	—	—	—	—	—	—
Cows	—	—	—	1	—	—	—	—	—	1	1
Pigs	193	193	—	—	—	—	—	—	—	—	—
INFLAMMATORY DISEASES:											
Bulls	—	—	—	16	—	9	—	—	—	—	—
Bullocks	4	4	105	22	1	186	25	6	—	1	1
Heifers	—	—	17	13	—	47	4	—	—	—	—
Cows	—	—	18	156	2	108	3	2	252	2	2
Calves	—	—	—	—	—	2	—	—	—	—	—
Pigs	—	—	1	1	2	1	1	—	—	2	2
PARASITIC DISEASES:											
Bullocks	52	52	19	977	—	—	20	—	—	—	—
Bulls	—	—	—	15	—	—	—	—	—	—	—
Heifers	15	15	5	315	—	—	3	—	—	—	—
Cows	15	15	6	294	—	—	4	—	—	—	—
Calves	—	—	1	1	—	—	1	—	—	—	—
Sheep	—	—	1509	3391	—	—	1509	—	—	—	—
Pigs	—	—	349	689	5	—	349	5	—	5	5
OTHER BACTERIAL DISEASES:											
Bulls	—	—	—	2	—	—	1	—	—	—	—
Bullocks	10	10	5	422	1	—	2	—	—	2	2
Heifers	1	1	1	87	—	—	1	—	—	—	—
Cows	—	—	4	62	2	—	1	—	—	1	1
Calves	—	—	—	1	—	—	—	—	—	—	—
Pigs	2	2	—	—	—	—	—	—	—	—	—

TABLE XII
Analysis of Inspection of Meat

	Cattle (Excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	10336	1545	90	27763	25265
Number Inspected	10336	1545	90	27763	25265
All diseases except Tuberculosis and Cysticerci					
Whole carcasses condemned ..	2	9	6	41	21
Carcases of which some part or organ was condemned	2233	611	5	3471	833
Percentage affected with disease	21.6	41.3	12.2	12.6	3.4
Tuberculosis only					
Whole carcasses condemned ..					
Carcases of which some part or organ was condemned	2	1			193
Percentage affected with disease	0.02	0.007			0.7
Cysticercosis					
Carcases of which some part or organ was condemned	61	11			
Carcases refrigerated	9	2			
Generalised and totally condemned	—	—			

Other Foodstuffs Condemned and Voluntarily Surrendered

Fresh Meat from Shops

Beef	767 lbs.
Pork	276 lbs.
Mutton	23 lbs.

Fruit and Vegetables

Pears	1,560 lbs.
Potatoes	4,200 lbs.

Fish

Fish	85 lbs.
Crabs	56 lbs.

Other Foods

Poultry	310½ lbs.
Bacon and Ham	712¾ lbs.
Cheese	70½ lbs.
Cream	11 lbs.
Yoghurt	83 lbs.
Ice Cream	45 lbs.
Frozen Foods	3,762 lbs.
Preserved Foods (7913 tins and jars)	9,036¾ lbs.

Summary of Food Condemned

	TONS	CWTS.	QRS.	LBS.
Fresh meat from Abattoir	38	17		16
Fresh meat from shops ..		9	2	2
Fruit and Vegetables ..	2	11	1	20
Fish		1	1	1
Other Foods		11		¾
Frozen Foods	1	13	2	10
Preserved Foods	4		2	20¾
Total ..	48	4	2	14½

Cysticercus Bovis

The total number of cattle affected with *Cysticercus Bovis* was 83 (135 last year). This shows a great reduction on last year and it would appear that the disease is on the decline.

The affected animals comprised 55 bullocks, 15 heifers and 13 cows. The percentage of animals affected to the total number of bovines slaughtered was 0.69 % as compared with the figure for 1968 of 1.06.

The number of viable cases found was 11, again a reduction on last year's figure of 13. This comprised 7 bullocks, 2 heifers and 2 cows, all of which were refrigerated.

Bacteriological and Biological Examination of Meat

The retro pharyngeal lymph glands from a bovine animal were examined at the Public Health Laboratory and confirmed the diagnosis that the lesion was tuberculous.

Special Examination of Foodstuffs

Orange Crush—sample taken from vending machine—found to be mistreated milk.

Boiled Ham—large number of micrococci. No pathogenic or coliform bacteria found.

Boiled Bacon—no pathogens isolated.
 Lime Cordial—contained kerosine.
 Cooked Chicken—no organisms isolated.
 Pork Pie (2 samples)—no organisms isolated.
 Skimmed Milk Powder—no organisms isolated.
 Cooked Chicken Leg—moderate number of coliforms isolated.
 Hamburger—no pathogens isolated.
 Hot Dog—no pathogens isolated.
 Canned Meat—contained a small amount of lacquer.
 Orange Drink—no pathogens isolated.
 Luncheon Meat—large number of micrococci isolated. No pathogens isolated.
 Sausage Roll—no organisms isolated.
 Bilberry and Cream Tart—no organisms isolated.
 Boiled Ham—large number of micrococci isolated. No pathogens isolated.

Food and Drugs

234 samples of food and drugs comprising 48 samples of milk and 186 samples of other food and drugs were procured and sent to the Public Analyst for chemical analysis and for conformity with the Food and Drugs Act, and the Preservatives in Food Regulations.

Milk

The average composition of the 48 samples of milk was 3.91 % milk fat and 8.75 % solids other than milk fat.

One sample of milk was deficient in milk fat to the extent of 8.3 %

One sample of milk was deficient in milk fat to the extent of 6 %.

The producers of the above two samples were warned by letter.

All the other samples were genuine and conformed to the Sale of Milk Regulations.

Ice Cream

13 samples of ice cream were taken for chemical analysis and all the samples were genuine, containing more than the 5 % fat required by the Regulations.

2 samples contained between 6 and 7 % fat.
 4 samples contained between 8 and 9 % fat.
 3 samples contained between 9 and 10 % fat.
 3 samples contained between 10 and 11 % fat.
 1 sample contained between 13 and 14 % fat.

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1969**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Asparagus tips	1	1				1	
Beef Casserole	1	1				1	
Beef Paste	2	2				2	
Black currant pie filling ..	1	1				1	
Black Pudding	1	1				1	
Butter	5	5				5	
Banana Cereal	1	1				1	
Brawn	1	1				1	
Brandy Snap	1	1				1	
Baby Syrup	1	1				1	
Baking Powder	1	1				1	
Boracic Acid Powder ..	1	1				1	
Casserole of Hot Pot ..	1	1				1	
Celery Salt	1	1				1	
Cheese Spread	6	6				6	
Chopped Piccalilli	1	1				1	
Coffee	2	2				2	
Cranberry Jelly	1	1				1	
Cream	10	9	1	1		8	1
Cake	1	1				1	
Condensed Milk	1	1				1	
Cheese	3	3				3	
Chopped Pork	2	2				2	
Cornflour	1	1				1	
Cornish Pastie	4	3	1			3	1
Custard	1	1				1	
Chicken Supreme	1	1				1	
Chocolate Mousse	1	1				1	
Clover Honey	1	1				1	
Chicken Fillets	2	2				2	
Chunky Steak and Gravy	2	2				2	
Cut Mixed Peel	1	1				1	
Dressed Crab	1	1				1	
Dried non-fat skimmed milk	1	1				1	
Dripping	5	5				5	
Dried Mixed Peppers ..	1	1				1	
Dates	1	1				1	
Essence of Lemon	1	1				1	
Egg and Bacon Breakfast ..	1	1				1	
Evaporated Milk	1	1				1	
Fish Paste	1	1				1	
Fish Cakes	3	1	2		1	1	1
Fresh Cream Cakes	2	2				2	
Glycerine Lemon & Ipecae	2	2				2	
Ground Ginger	1	1				1	
Golden Sponge	1	1				1	

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1969**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Gravy Salt	1	1				1	
Glace Cherries	1	1				1	
Ground Almonds	1	1				1	
Hamburgers	1	1				1	
Haslet	1	1				1	
Iced Lemon Tea Mix	1	1				1	
Ice Cream	13	13				13	
Jelly	1	1				1	
Jam	4	4				4	
Kilkof	1	1				1	
Lamb Tongues	1	1				1	
Licorice Twirls	1	1				1	
Lamb with Gravy	1	1				1	
Lemon Barley Water	2	2				2	
Limeade	1	1				1	
Lemon Curd	1	1				1	
Lemon Juice	1	1				1	
Lime Juice Cordial	1	1				1	
Mashed Potato Mix	1	1				1	
Marzipan	1	1				1	
Medicated Cough Drops	1	1				1	
Margarine	1	1				1	
Meat Pate	1	1				1	
Mushroom flavoured cubes	1	1				1	
Mint Thins	1	1				1	
Oil of Almonds	1	1				1	
Potted Beef	1	1				1	
Phenidax Tablets	1	1				1	
Pies (Meat)	8	8				8	
Potato fry-up with Onion	1	1				1	
Peppermint Altoids	1	1				1	
Polony	1	1				1	
Pork Luncheon Meat	1	1				1	
Pepper	1	1				1	
Parkin	1	1				1	
Pate de foie (truff)	1	1				1	
Plum Pudding	1	1				1	
Orangeade	1		1				1
Orange Juice	2	2				2	
Orange Syrup	1		1				1
Quavers	1	1				1	
Rice Crisps	1	1				1	
Raspberry & Apple Desert	1	1				1	
Roast Beef	1	1				1	
Sausage	18	18				18	

**Samples of Food and Drugs (other than Milk)
sent to the Public Analyst during 1969**

ARTICLE	TOTAL	GENUINE	NOT GENUINE	FORMAL		INFORMAL	
				GENUINE	NOT GENUINE	GENUINE	NOT GENUINE
Sweetex	1	1				1	
Sweet 'N Low	1	1				1	
Sausage Rolls	2	2				2	
Sparkling Cheerade	1	1				1	
Savoury Pasty	1	1				1	
Spaghetti Hoops	1	1				1	
Sugared Almonds	1	1				1	
Sponge Mix	1	1				1	
Savoury Ducks	1	1				1	
Strawberry Drink	1	1				1	
Twiglets	1	1				1	
Tea	1	1				1	
Treacle Toffee	1	1				1	
Virol	1	1				1	
White Sauce Mix	1	1				1	
Yoghurt	1	1				1	
Yorks. Pudding Mix.. .. .	1	1				1	
	186	180	6	1	1	179	5

**PARTICULARS OF ADULTERATED SAMPLES
OF FOODS OTHER THAN MILK**

SAMPLE NO.	ARTICLE	ADULTERATION OR OFFENCE	REMARKS
177 Informal	Cornish Pasty	Contained 11.7% meat. Slightly deficient in meat.	Manufacturer warned by letter.
212 Informal	Fish Cakes	Contained 16.8% fish. Deficient in fish 52%	See Sample No. 213
213 Formal	Fish Cakes	Contained 17.5% fish. Deficient in fish 50%.	Vendor prosecuted. Fined £10
260 Informal	Double Devon Cream	Contained 47.25% fat. Slightly deficient in fat.	Manufacturer warned by letter.
297 Informal	Orangeade	Contained not more than 4.1% sugar. Slightly deficient in sugar.	Verbal warning to vendor. Withdrawn from sale.
319 Informal	Orange Syrup	Contained 23% oil against 28% on label. Deficient in oil 17.8%.	Formal sample taken in 1970.

Prosecutions for Various Offences in Connection with Food

- CASE A: Sale of food stuffing containing a nail. Fined £5 and costs.
- CASE B: Sale of unsound meat pie. Fined £10.
- CASE C: Sale of toasted egg rusks containing a foreign body. Fined £5.
- CASE D: Sale of unfit tin of peas. Fined £10.
- CASE E: Sale of unsound butter. Fined £25.
- CASE F: Sale of orange drink containing kerosine. Fined £20 and costs.
- CASE G: Sale of mouldy bridge rolls. Warranty pleaded—case dismissed.
- CASE H: Sale of cornish pasty containing a match stick. Fined £10 and costs.
- CASE I: Sale of a mouldy swiss roll. Fined £5.
- CASE J: Fish cakes deficient in fish. Fined £10.
- CASE K: Sale of mouldy steak and kidney pie. Fined £15.
- CASE L: Sale of unsound portion of chicken. Fined £20.
- CASE M: Sale of cough-candy containing a piece of glass. Fined £20.
- CASE N: Sale of a bottle of milk containing foreign bodies. Fined £10.
- CASE O: Sale of loaf of bread containing a piece of metal. Fined £15.
- CASE P: Sale of a mouldy sliced loaf of bread. Fined £10.
- CASE Q: Sale of a bar of fruit and nut chocolate containing larvae. Fined £25.
- CASE R: Sale of a bottle of medicine containing a house fly. Fined £25.
- CASE S: Sale of a canister of cornflour containing a cigarette end. Warranty pleaded—case dismissed.

Food Offence not Prosecuted

- CASE A: Sale of meat sandwich containing a finger bandage. Vendor warned by letter.

PART VII

SCHOOL HEALTH

A child should always say what's true,
And speak when he is spoken to,
And behave mannerly at table:
At least as far as he is able.

"A Child's Garden of Verses"

ROBERT LOUIS STEVENSON, 1850-1894

The School Health Service during 1969 followed the pattern which has developed during recent years, that is that more emphasis is being placed on the detection and assessment of handicaps or potential handicaps than upon routine inspections and the treatment of minor ailments. This is a natural development of a service which should be complementary to the National Health Service rather than an alternative to it.

In the past the School Health Service was obliged to treat a variety of conditions amongst children in order that they could derive benefit from the education arrangements made for them. Theoretically, the advent of a National Health Service made this unnecessary. However, in the early days of that service there was still an appreciable need for continuation of this conception of a school health service. There were several reasons for this—reorientation of the approach to the school child on the part of the general practitioner and an insufficiency of consultant paediatric resources at the hospitals and certain conditions were most effectively and conveniently dealt with through the School Health Service. An example of the latter is the treatment of ophthalmic conditions and defective vision in which the School Health Service would seem to have a continuing interest.

The pattern which is emerging would seem to start with inspection on entry to school. After this, attention is directed to the follow up of children in whom defects have been found along with the follow up of those already known to the health authority's child health service to merit observation. Then comes inspection of school leavers giving special attention to the employment needs of leavers with defects which have not necessitated special education as handicapped children. Finally there is co-operation with teachers, parents, hospitals and general practitioners. This has so greatly improved that few, if any children who develop defects during their school life fail to come to the notice of the school medical officer. All this allows of attention being paid to those children who require supervision rather than to the routine examination of large numbers who are perfectly healthy.

The vigilance of the School Welfare Service has also made a contribution to the development of the pattern. References for medical examination of children whose records show undue absences attributed to illness from time to time provide information not only about the child, but also draw attention to the need for social work with the family. The cleanliness inspections carried out by the school nurses also in their way have a value as an indication of social need. It is not unknown for the appearance of infestation in the children of a family to be the first indication that all is not as it should be with the family.

The part played by the School Health Service in preventive medicine by immunisation against infectious disease tends to be overlooked. Reinforcement of immunity against diphtheria, tetanus and poliomyelitis are conveniently combined with the entrant inspection. This inspection also offers an opportunity to review the child's immunisation history and to ensure that protection may be offered to those children whose parents have for some reason or other failed to provide it for them earlier. In the case of older children, steps to secure protection against tuberculosis are part of the work of the School Health Service and reference to this has been made in the appropriate part of the report.

The School Dental Service continues to struggle against the difficulty of attracting a sufficient staff of dental officers. As the position was dealt with in some detail in last year's report there would seem to be little point in covering the same ground once again. Nevertheless, the authority's Dental Service would seem to merit further attention in view of the deterioration in the staffing position and the report of the Department of Education and Science Inspecting Dental Officer.

In addition to difficulties in obtaining dental staff, the authority has been unable to obtain the services of either a speech therapist or an audiology technician. In the case of the audiology technician, co-operation between the Consultant Ear, Nose and Throat Surgeon and the health visiting staff ensures that children whose impairment of hearing is having an effect on their education receive appropriate attention. For speech defects, however, there is no substitute for a trained speech therapist.

It must be recognised that the demand for both speech therapists and audiology technicians far exceeds the supply. This is no doubt due to the fact that the financial rewards and career prospects appertaining to these professions compare unfavourably with others which do not require so exacting a training. In these circumstances, Barnsley has perhaps been fortunate in being able to provide these services for so long.

SCHOOL HYGIENE

The steady improvement in school hygiene continues in parallel with the development of the new housing estates and the clearance of the slum areas. Thus overcrowding is relieved in the older schools as the children from the rehoused families commence attendance at the new schools. It is not always easy to ensure that the correct number of school places in these new buildings keeps pace with the resettlement of the population, with the result that from time to time, bottlenecks occur. Provided there is some elasticity in the central government decrees on expenditure on new schools, these bottlenecks tend to be of short duration and such overcrowding as may occur as a result of them is of little importance. In any case, overcrowding in new schools designed to conform to modern standards is not comparable as an evil to that which occurs in old schools which have outlived the standards to which they were built.

The practice whereby the head teacher and the school medical officer consult on problems of hygiene on the occasion of each medical inspection was continued and proved effective in dealing with day to day problems. Records of these discussions continued to be maintained.

MEDICAL INSPECTION

The total number of children examined at routine medical inspections was 2,368. Of these, 1,130 were born in 1961 or later and may be regarded as having been subject to entrant examinations. 611 fewer inspections were done than in 1968. Details of the age groups examined and the findings as to physical condition are set out in Table IA of the appendix to this part of the report. A total of 2,413 other inspections, including re-inspections was carried out compared with 3,110 in 1968.

The vision of all pupils in the entrant groups is tested within one year of entry. Vision tests are repeated thereafter at two year intervals through the child's school life. Vision tests are carried out in the first instance by the school nurse. Tests for colour vision are carried out on both girls and boys by the school medical officers when they have reached 14 years of age.

FINDINGS AT MEDICAL INSPECTION

The statistical summary of the physical condition as assessed at medical inspection is shown in Table II in the appendix to this part of the report.

The findings in relation to physical condition continued the satisfactory trend which has now come to be taken for granted. One child (or 0.04 per cent) was classified as of unsatisfactory physical condition.

The total number of children found to require treatment for defects was 208 as against 227 in 1968. The details relating the various groups to medical inspection are set out in Table IA.

Uncleanliness

The number of individual children found to be infested with vermin was 429 compared with 29 last year. The number of inspections carried out was 33,746 or 641 more. Where a group of cases of infestation occur in a large school, the repeated inspections necessary for supervision readily increases the overall number of inspections done. It will also be noted that 54 cleansing notices were issued in 1969 compared with 17 in the previous year. Four cleansing orders were made.

Eye Defects

The number of children requiring treatment for defective vision (excluding squint) was 80 as compared with 83 in the previous year and 73 in 1967. Squint called for reference for treatment in a total of 13 cases—this compares with 8 cases in 1968. Other eye conditions accounted for a total of 1 case requiring treatment—in 1968 the number was 1.

Reference to Table II shows the figures set out as to whether defects were present in “entrants,” “leavers” or “others”.

Orthopaedic and other defects

A detailed analysis of all defects and the action taken regarding them is shown in Tables II and III in the appendix to this part. In no cases are the figures unusual or excessive in relation to the numbers of children inspected in the various groups.

ARRANGEMENTS FOR TREATMENT IN 1969

Consultation Services

Medical Services Clinic, New Street, Barnsley

Ear, Nose and Throat Clinics

Tuesday 2 p.m. to 4 p.m.
Thursday 10 a.m. to 12 noon.

Eye Clinics

Monday 9.30 a.m. to 12 noon.
Wednesday 2 p.m. to 4 p.m. Friday 2 p.m. to 4 p.m.

Orthopaedic Clinics

Monthly—First Friday in each month except August.

School Medical Officers Consultation Clinics

Monday 9.30 a.m. to 11.30 a.m. 4.30 p.m. to 5.30 p.m.
Tuesday 2 p.m. to 4 p.m.
Friday 2 p.m. to 4 p.m.

Held in conjunction with Infant Welfare Clinics except Monday 4.30 to 5.30 p.m.

Dental Clinics

New Street Clinic —Monday to Friday 9 a.m. to 12 noon.
1.30 p.m. to 5 p.m.
Athersley Clinic —Monday to Friday 9 a.m. to 12 noon.
1.30 p.m. to 5 p.m.
Stairfoot Clinic —Tuesday, Thursday, 9 a.m. to 12 noon
1.30 p.m. to 5 p.m.
Lundwood Clinic —Monday 9 a.m. to 12 noon. 1.30 p.m. to 5 p.m.
Wednesday 9 a.m. to 12 noon 1.30 p.m. to 5 p.m.
Jordan House —Discontinued.

The timetable was subject to fluctuation during the year due to the Staffing position.

Orthodontics

Orthodontic patients were normally seen during routine conservation sessions by the individual Dental Officers.

Minor Ailments Clinics

BARNSELY —Medical Services Clinic, New Street, Barnsley.
Monday to Friday 9.30 a.m. to 11.30 a.m.
*ATHERSLEY —The Clinic, Laithes Lane, Athersley North, Barnsley
Monday 2 p.m. to 4 p.m. Wednesday 2 p.m. to 4 p.m.
*STAIRFOOT —The Clinic, Hunningley Lane, Stairfoot, Barnsley
Monday 9.30 a.m. to 11.30 a.m.
Wednesday 9.30 a.m. to 11.30 a.m.
*LUNDWOOD —The Clinic, Pontefract Road, Lundwood, Barnsley
Thursday 2 p.m. to 4 p.m.
*CARLTON —Old Highways Depot, Spring Lane, Carlton, Barnsley
Thursday 9.30 a.m. to 11.30 a.m.
*JORDAN HOUSE—Gawber Road, Barnsley.
Tuesday 9.30 a.m. to 11.30 a.m.
Thursday 9.30 a.m. to 11.30 a.m.
*MONK BRETTON—The Clinic, High Street, Monk Bretton, Barnsley.
Friday 9.30 a.m. to 11.30 a.m.

* In conjunction with Infant Welfare Clinics.

Speech Therapy)

Audiology)

There were no Speech Therapy or Audiology Clinics held during 1969.

Nutrition

The continued increase in the standard of living makes undernourishment in its classical form a relatively rare condition. Cases do, however, occur from time to time of malnutrition which arise from parental inability to ensure that the best use is made of dietary materials available. This may be due either to ignorance or to “spoiling” by providing articles demanded rather than a properly balanced diet which is not so acceptable to the individual child. School meals and school milk have proved almost as valuable in dealing with this problem as with frank undernourishment. There is one type of case, however, where they fail. This is where the parents of the spoiled child hold the view that there is something inferior about articles of diet provided by the Education Authority. Fortunately, this outlook is not frequently encountered but when it does occur, the treatment of the children involved proves extremely difficult.

School Meals

	1968	1969
Provided free	472,397	478,430
Provided at full cost	1,259,281	1,278,160
1,527,243 bottles of milk were supplied to children in schools.		

Uncleanliness

Arrangements for the treatment of cases of uncleanliness continue as before. Cleansing and disinfecting facilities exist at New Street Clinic and are available for use at the parents’ request. They are also used by the school nurses when statutory action under the Education Act 1944, S.54(5) becomes necessary.

Minor Ailments

Reference to the clinic time table shows that the existing arrangements were continued during 1969.

Eye Diseases—Defective Vision and Squint

The highly satisfactory arrangements described in previous reports continue. A stable arrangement with the Sheffield Regional Hospital Board has allowed an increasing number of children to receive attention for eye defects.

The consultant clinic was held twice weekly at the New Street premises by the ophthalmologist appointed by the Sheffield Regional Hospital Board. The figures for the cases dealt with by him are shown in the appendix to this report, Table III.

Ear, Nose and Throat Defects

The Consultant Ear, Nose and Throat Surgeon to the Barnsley Hospital Group, continued to conduct two consulting sessions each week at the New Street Clinic. Examination of the number of cases treated shows a slight decrease when compared with last year.

Audiometric Testing

The audiology technician resigned in January. Repeated advertising failed to attract a suitable successor. Before she left, 16 tests were undertaken at New Street Clinic.

Orthopaedic and Postural Defects

The existing arrangements for orthopaedic examination and treatment have been continued throughout the year.

The Orthopaedic Surgeon held sessions at New Street Clinic on 13 occasions and at these he saw 55 new cases and carried out 156 re-examinations.

Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley (see appendix, tables IIIC and V).

Child Guidance

Development of the Child Guidance Service continues along the lines outlined in previous reports. Particular efforts were made to co-ordinate certain aspects of the work of this service with the mental health work of the health authority by the attendance of mental health officers at the Child Guidance Centre. Mention of this has already been made in the appropriate part of the report.

The annual report of the Consultant Child Psychiatrist, Dr. J. D. Orme, who is appointed by the Sheffield Regional Hospital Board and who carries out two sessions per week on the education authority's premises and one session per week at Kendray Hospital is as follows:—

“Increasing demands from many sources are made for advice and help on problems regarding children's behaviour. There is acceptance that individual children need more understanding but some adults are less certain how to react to these children in the present atmosphere of rapid social change and are thus more anxious for someone else to take responsibility. Teachers are developing a greater sense of the importance of educating the whole child and are thus getting more aware of deviations within the personal lives of their pupils. All these factors have increased the pressure on the child psychiatric services and this is mainly shown in the increased waiting list (nearly double in number since 1968) and thus a much longer delay before most cases are seen.

"An interesting feature has been a great increase in the number of cases of "school phobia", i.e. children who show real anxiety and even panic on going to school. These children, usually boys, come from families where the parents are concerned, intelligent and anxious for their children to succeed. They are not the families in whom truancy or avoidance of responsibility is common. These children are most frequently in their first or second year at senior school and are themselves intelligent and keen to succeed (a considerable proportion have been at the grammar schools). Treatment by psychotherapy and tranquillisers has usually succeeded in getting these children back to school but a few have needed admission to one or other of the adolescent units in hospitals. Unfortunately, such units are usually far away (Ilkley, Sleaford, Nottingham and Leicester) so further difficulties may then arise. The need for more units is constantly being pressed upon the Regional Hospital Board.

"It is anticipated that even greater demands will be made on the centre in the future from educational, medical and social work agencies so more staff and more time are necessary if any advances are to be made."

Speech Therapy

The authority was unable to obtain the services of a speech therapist during 1969.

MOUNT VERNON SCHOOL

Mount Vernon Day Special School, formerly Mount Vernon Open Air School, caters for delicate and physically handicapped children.

Originally, its principle function was to provide surroundings in which undernourished children might, through good feeding and hygiene build up a resistance to the then prevalent infections and other results of malnutrition. During the years since the second world war, school meals, slum clearance, modern schools, more general prosperity and various social services have made the undernourished child a clinical rarity. There are, of course, still the children of problem families and those with mothers of low intelligence whose physique suffers from their parents' apathy or their intellectual inability to provide for their welfare. In such cases the Mount Vernon School can ensure that they receive more food and regular meals and a closer supervision of general physical development than is possible at an ordinary school. Such cases are fortunately few.

The school is more valuable as an assessment centre for children who suffer from physically handicapping defects and for children who are recovering from illnesses. The special facilities available—a school nurse always in attendance, the special feeding arrangements and close medical supervision—provide suitable conditions for the observations necessary to decide whether the patient will ultimately be able to go to an ordinary school.

The period for assessment is useful in itself in the case of children who are recovering from major illnesses. The regime at Mount Vernon School and the almost individual attention which the children receive provide a graduated transition from education in hospital to ordinary school. Whilst those whose handicaps are permanent are given the opportunity of mixing with children with disabilities differing from their own and with some with little disability at all, this often improves self-confidence and can even, in some cases, decide the issue in favour of an ordinary school in Barnsley instead of a special residential school.

As every effort must be made to ensure that where possible children remain within their own family circle, Mount Vernon School is performing a most valuable function in this direction.

The change of name of the school was intended to dispel the myth that all children in attendance are suspected of pulmonary tuberculosis. Generally speaking, this object has been successfully achieved. However, from time to time cases are encountered where the parents of a handicapped child are reluctant to accept the offer of a place in the school. Investigation fails to reveal any valid reason for this. The only possible explanation is that somewhere in the parents' mind, the idea persists that there is a social stigma attached to any institution which might in any way be associated with tuberculosis. It is appreciated that time honoured beliefs die hard. Nevertheless, they must not be allowed to deprive children of the form of education most suited to their needs.

SCHOOL DENTAL SERVICE

The following is the report on the School Dental Service during 1969 submitted by the Principal School Dental Officer, Mr. G. White, L.D.S.

1. Staffing and Clinics

Certain staff changes took place during the year and these are indicated in the staff list at the end of the report. It will be noted that the complement of full time dental officers is two (including the Principal School Dental Officer) which is less than half of the full establishment.

However, Mr. D. Nteka, a newly qualified dental surgeon chose to take his first post with the authority and although he is 6,000 miles from his "homeland" of Lesotho in Southern Africa, is "settling in" very well at the Athersley Clinic.

The only significant change in the number of clinics in operation has been the temporary closing down of Jordan House Clinic and the transference of the modern equipment from there to Athersley, where the dental unit was becoming worse for wear.

2. Attendance and Treatment

In spite of shortage of staff, the service continues to offer a full range of treatment. An overall decrease in the amount of work done is to be expected but calculated on a work done per session devoted to treatment basis, the output of work has actually increased.

A slight improvement in the attendance rate is encouraging and may well be the result of fewer and fewer dentists being available to treat more and more children.

3. **Orthodontics**

A slight increase in the number of cases completed during the year as compared with the previous year deserves comment and the dental officers are to be congratulated for their efforts.

4. **Prosthetics**

The number of pupils supplied with full upper and/or lower dentures shows a sharp increase—up to five as compared with only one in the previous year. It is to be hoped that this figure does not forecast a reversal in the downward trend over the past few years.

5. **Anaesthetics**

The figure for general anaesthetics administered by dental officers shows a marked decrease on previous years. This is explained by the fact that all general anesthetic sessions are now attended by either one of the two part-time anaesthetists, Dr. R. C. Davison or Dr. S. Mahatme.

Greater use of local anaesthetics for extraction of teeth during normal conservation sessions is to be encouraged, being beneficial to both child and dental staff.

6. **School Inspections**

In a year when at times there were 9,600 children to each dental officer there can be little wonder that many schools were not inspected but it is encouraging to note that of the children who were seen, fewer required treatment than in past years, a factor attributable largely to the efforts of Barnsley's general dental practitioners as well as the authority's dental officers.

7. **Dental Health Education**

This is the field in which the authority's dental auxiliary played a major part and unless a replacement can be obtained, dental health education may well have to be neglected as regards sessions in schools. Routine chairside instruction by the dental officer, however, is still the most successful on the individual child and its parents.

As part of the Borough Centenary celebrations in July, a dental health education display was included in the "Education Today" exhibition and because the dates coincided with the proposed Apollo 11 moon landing, the theme was made "Space Age Dentistry." It proved to be a major attraction amongst the school children and never before have so many of them been seen to fight to get into a dental chair.

8. **General**

A dental officer from the Department of Education and Science visited the department in June to review the dental services. The subsequent report was on the whole favourable and his recommendation to restrict recall inspections and concentrate on selected groups of infant and primary schools with the intention of providing annual coverage for these children is now in operation.

The Principal Dental Officer attended meetings of the Northern Chief Dental Officers Co-ordinating Committee and the British Dental Association Public Dental Officers Group.

HANDICAPPED PUPILS

Children to a total of 31 were ascertained during the year as belonging to one or other of the categories of handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding homes.

Blind Children

One child was assessed as blind but no child was assessed as partially sighted during the year. One blind and 3 partially sighted pupils were receiving special education at the end of the year.

Deaf and Partially Hearing Children

No children were assessed as deaf or partially hearing. Eight deaf and 2 with partial hearing were receiving education in special schools.

Physically Handicapped Children

Twelve children were assessed as physically handicapped during the year.

Maladjusted and Educationally Subnormal Children

One child was assessed as maladjusted and 17 as educationally subnormal. Eight maladjusted children and 134 educationally subnormal children were receiving special education under arrangements made by the authority.

Speech Defects

Two children were receiving special education for speech defects.

Epileptic Pupils

No pupil was ascertained as requiring special education by reason of epilepsy. Eight epileptic pupils were receiving special education under arrangements made by the authority.

Children Unsuitable for Education at School

Four children were found to be unsuitable for education in school in accordance with the provisions of S.57(4) of the Education Act 1944. No reviews were carried out under the provisions of S.57A of the Education Act 1944. Table VII in the appendix to this part of the report records statistically in the form required by the Minister of Education information regarding the authority's work amongst the handicapped pupils during the year.

89 visits were made by the female mental welfare officer to handicapped children during the year.

Special Investigation—Verruca Plantaris

The special investigation described in last year's report was continued during 1969.

The treatment and investigation has now gone on for the past nine years and a summary of the findings is as follows:—

Children Treated

YEAR	1964	1965	1966	1967	1968	1969	TOTAL
Girls	91	68	48	75	142	181	605
Boys	58	54	27	45	85	157	426
TOTAL ..	149	122	75	120	227	338	1,031

The predominant group was again Female.

Proportion Treated

	GIRLS	BOYS
1964	61.0%	39.0%
1965	55.7%	44.2%
1966	64.0%	36.0%
1967	62.5%	37.5%
1968	62.5%	37.5%
1969	53.6%	46.4%

The predominant age group was under 11 years.

The proportion of the total who attended Secondary School was:—

1964—57%	1967—49.1%
1965—77%	1968—49.3%
1966—53.3%	1969—35.5%

Not all cases attended the swimming baths, but of those who did:—

	ATTENDED PUBLIC BATHS	ATTENDED RALEY BATHS	ATTENDED ST. HELEN'S BATHS
1964	36.1%	21.4%	9.6%
1965	36.0%	14.7%	19.6%
1966	50.6%	22.6%	8.0%
1967	67.4%	29.2%	3.4%
1968	47.5%	9.1%	43.4%
1969	59.7%	6.2%	17.7%

The highest proportion of attenders in 1969 were Kendray Junior School.

The proportion who did barefoot P.E. was 82.5%.

INFECTIOUS DISEASES

Full details of the occurrences of infectious diseases in the County Borough are given in the part of this report which is devoted to epidemiology. The figures relating to the incidence of infectious diseases notified as occurring in children of school age during 1969 are as follows:

DISEASE	NO. NOTIFIED
Scarlet Fever	22
Whooping Cough	9
Measles	53
Dysentery	18
Food Poisoning	1
Acute Meningitis	3
Infective Jaundice	23
	129

Immunisation against Diphtheria

During the year 110 children of school age received a primary course of injections of anti-diphtheria antigen and 757 children received reinforcing or booster doses.

School Nursing

Nursing staff carried out home visits in the follow up of defects amongst school children as follows:—

Defective vision and eye disease.. .. .	508
Ear disease	75
Tonsils and Adenoids	46
Unclean Heads	320
Immunisation.. .. .	76
Scabies	149
Other skin diseases	49
Miscellaneous	549
	1,772

Visual acuity tests are done every two years during the child’s school attendance by the school nurses. Suspected defects are referred to the consultant ophthalmologist if necessary. Retesting and follow up is carried out by the school nurses, especially when glasses are ordered, to ensure that they are obtained and worn. Co-operation of the parents and teachers is often necessary, especially in children attending the secondary schools.

The Scout Dike Camp was visited twice weekly by the school nurses between 4th March and 19th July and 9th September and 25th October.

Health Education in Schools

Classes are held each week in all senior schools with the twelve to fourteen year old girls. There is liaison between the head teachers, domestic science and biology teachers to ensure that the syllabus given by the school nurses is personal and stimulating. Films and film strips are used as the best means of visual impact, the accent being on personal hygiene, personal relationships and community responsibility.

RECIPROCITY WITH OTHER AUTHORITIES

The practice whereby medical inspection of pupils domiciled in Barnsley by School Medical Officers of the West Riding County Council area (Division 25) was discontinued during the year. No West Riding pupils attending Barnsley Schools were examined by Medical Officers of the Barnsley Education Authority in 1969.

PHYSICAL EDUCATION — SWIMMING

Swimming Statistics for 12 months ended August, 1969

	Sept. 1968—Apr. 1969		Apr. 1969—Aug. 1969			
	Secondary	Junior	A Total	Secondary	Junior	B Total
No. of Children						
Sent to Baths . .	2,825	2,416	5,241	2,420	2,265	4,685
No. of attendances	43,209	42,667	85,876	20,793	21,133	41,926
Swimmers—10 yds.	2,638	1,596	4,234	2,367	1,726	4,093
L.E.A. 1st Class	2	1	3	—	—	—
L.E.A. 2nd Class	83	10	93	41	25	66
L.E.A. 3rd Class	317	470	787	87	280	367
R.L.S.S. Elementary	—	—	—	1	8	9
R.L.S.S. Intermediate	2	1	3	—	6	6
R.L.S.S. Bronze	18	—	18	1	—	1
R.L.S.S. Bronze Cross	1	—	1	—	—	—
R.L.S.S. Merit	3	—	3	—	—	—
R.L.S.S. Preliminary Safety	135	58	193	14	15	29
R.L.S.S. Advanced Safety	34	23	57	4	7	11
A.S.A. P. Survival Bronze	56	34	90	115	—	115
A.S.A. P. Survival Silver	46	6	52	57	—	57
A.S.A. P. Survival Gold	16	6	22	44	2	46
Total number of Individual Children sent to Baths in 12 months ending August 1969.		Secondary	2,825			
		Junior	2,426			
			<u>5,251</u>			

PART VII — STATISTICAL APPENDIX
MEDICAL INSPECTION AND TREATMENT

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)
TABLE IA — Periodic Medical Inspections

AGE GROUPS INSPECTED (BY YEAR OF BIRTH)	NO. OF PUPILS WHO HAVE RECEIVED A FULL MEDICAL EXAMINATION	PHYSICAL CONDITION OF PUPILS INSPECTED		NO. OF PUPILS FOUND NOT TO WARRANT A MEDICAL EXAMINATION	PUPILS FOUND TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)		
		SATISFACTORY NO.	UNSATIS- FACTORY NO.		FOR DEFECTIVE VISION (EXCLUDING SQUINT)	FOR ANY OTHER CONDITION	TOTAL INDIVIDUAL PUPILS
1965 and later ..	36	36	—	—	—	3	3
1964	609	609	—	—	16	44	59
1963	346	346	—	—	11	33	44
1962	95	95	—	—	1	12	12
1961	44	44	—	—	1	5	6
1960	27	27	—	—	2	5	5
1959	19	19	—	—	—	1	1
1958	14	14	—	—	1	—	1
1957	22	21	1	—	—	1	1
1956	8	8	—	—	—	—	—
1955	505	505	—	—	21	15	36
1954 and earlier	643	643	—	—	27	13	40
TOTAL	2,368	2,367	1	—	80	132	208

B. Other Inspections

Number of Special Inspections	570
Number of Re-inspections	1,843

C. Infestation with Vermin

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. 32,746
- (b) Total number of individual pupils found to be infested .. 429
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944).. 54
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944).. 4

**TABLE II — DEFECTS FOUND BY MEDICAL
INSPECTION DURING THE YEAR**

T (treatment) O (observation)

DEFECT OR DISEASE	PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
	ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin T	—	1	2	3	—
O	—	—	—	—	—
Eyes: (a) Vision T	29	48	3	80	2
O	63	15	1	79	—
(b) Squint T	10	1	2	13	—
O	2	—	—	2	—
(c) Other T	—	1	—	1	—
O	—	—	—	—	—
Ears: (a) Hearing .. T	12	1	2	15	2
O	1	—	—	1	—
(b) Otitis Media T	3	2	1	6	—
O	1	—	—	1	—
(c) Other T	—	—	—	—	—
O	—	—	1	1	—
Nose and Throat .. T	43	6	4	53	3
O	13	—	—	13	—
Speech T	—	—	—	—	—
O	11	—	—	11	—
Lymphatic Glands .. T	—	—	—	—	—
O	1	—	—	1	—
Heart T	—	—	—	—	—
O	4	1	—	5	—
Lungs T	—	—	—	—	—
O	14	—	—	14	—
Developmental:					
(a) Hernia T	—	—	—	—	—
O	—	—	—	—	—
(b) Other T	—	—	1	1	—
O	1	—	—	1	—
Orthopaedic:					
(a) Posture T	2	3	3	8	—
O	1	—	—	1	—
(b) Feet T	12	7	2	21	1
O	2	—	—	2	—
(c) Other T	6	3	—	9	—
O	2	—	—	2	—
Nervous System:					
(a) Epilepsy T	—	—	—	—	—
O	2	—	—	2	—
(b) Other T	—	—	—	—	—
O	5	—	—	5	—
Psychological:					
(a) Development .. T	—	—	—	—	—
O	11	—	1	12	—
(b) Stability T	1	—	—	1	—
O	5	—	—	5	—
Abdomen T	—	1	—	1	—
O	—	—	—	—	—
Other T	—	—	—	—	—
O	—	—	—	—	—

TABLE III
TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

(Including Nursery and Special Schools)

A — Eye Diseases, Defective Vision and Squint

	NUMBER OF CASES KNOWN TO HAVE BEEN DEALT WITH
External and other, excluding errors of refraction and squint	52
Errors of refraction (including squint)	660
Total ..	712
Number of pupils for whom spectacles were prescribed	482

B — Diseases and Defects of Ear, Nose and Throat

	NUMBER OF CASES KNOWN TO HAVE BEEN DEALT WITH
Received operative treatment:	
(a) for diseases of the ear	40
(b) for adenoids and chronic tonsilitis.. .. .	110
(c) for other nose and throat conditions	11
Received other forms of treatment	191
Total ..	352
Total number of pupils still on the register of schools at 31st December, 1969, known to have been provided with hearing aids:—	
(a) during 1969	—
(b) previous years	43

Table C — Orthopaedic and Postural Defects

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils treated at clinics or out-patients departments	55
(b) Pupils treated at school for postural defects ..	—
Total ..	55

Table D — Diseases of the Skin

	NUMBER OF PUPILS KNOWN TO HAVE BEEN TREATED
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	246
Impetigo	10
Other skin diseases	560
Total ..	816

Table E — Child Guidance Treatment

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated at Child Guidance clinics	81

Table F — Speech Therapy

	NUMBER KNOWN TO HAVE BEEN TREATED
Pupils treated by speech therapist	—

Table G — Other Treatment Given

	NUMBER KNOWN TO HAVE BEEN TREATED
(a) Pupils with minor ailments	109
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	515
(d) Other than (a), (b) and (c) above	—
Total (a)—(d)	625

TABLE IV
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY AUTHORITY

1. STAFF

	NUMBER OF OFFICERS	TOTAL FULL TIME EQUIVALENT INCLUSIVE OF EXTRA PAID SESSIONS WORKED		
		ADMINISTRATIVE DUTIES	CLINICAL DUTIES	
			SCHOOL SERVICE	M. & C.W. SERVICE
(a) OFFICERS EMPLOYED ON A SALARY BASIS:—				
Principal School Dental Officer	1	0.10	0.71	0.19
Dental Officers (including orthodontists)	1	NIL	0.67	0.33
Total (a) ..	2	0.10	1.38	0.52
(b) OFFICERS EMPLOYED ON A SESSIONAL BASIS (including orthodontists)	—	—	—	—
Totals of (a) and (b) ..	2	0.10	1.38	0.52

	NUMBER	Full time equivalent		
		DENTAL HEALTH EDUCATION	TREATMENT	
			SCHOOL SERVICE	M. & C.W. SERVICE
(c) DENTAL AUXILIARIES AND HYGIENISTS				
Dental Auxiliaries	NIL	NIL	NIL	NIL
Dental Hygienists	NIL	NIL	NIL	NIL

(d) OTHER STAFF	NUMBER	FULL TIME EQUIVALENT (ONE PLACE OF DECIMALS)
Dental Technicians	NIL	NIL
Dental Surgery Assistants	3	2.3
Clerical Assistants	1	1.0
Dental Health Education Personnel	NIL	NIL

TABLE IV
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY AUTHORITY

(e) **SCHOOL
DENTAL
CLINICS**

DENTAL CLINICS	FIXED CLINICS				MOBILE CLINICS		
	NO. WITH ONE SURGERY ONLY	NO. WITH TWO OR MORE SURGERIES	TOTAL NUMBER OF SURGERIES		TOTAL NUMBER OF CLINICS		TOTAL NUMBER OF SESSIONS WORKED IN 1969
			AVAILABLE	IN USE	AVAILABLE	IN USE	
Provided directly by Authority ..	4	1	6	5	NIL	NIL	NIL
Under arrangements made with Hospital Authorities	NIL	NIL	NIL	NIL	NIL	NIL	NIL

2. ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1069	918	175	2162
Subsequent Visits	1467	1919	358	3744
Total visits	2536	2837	533	5906
Additional courses of treatment commenced.. .. .	5	11	4	20
Fillings in permanent teeth	993	1634	383	3010
Fillings in deciduous teeth	513	73	—	586
Permanent teeth filled	857	1462	337	2656
Deciduous teeth filled	467	75	—	542
Permanent teeth extracted	120	483	93	701
Deciduous teeth extracted	1606	379	—	1985
General anaesthetics	513	259	26	798
Emergencies	276	150	32	458

Number of Pupils X-rayed	141
Prophylaxis	850
Teeth otherwise conserved	54
Number of teeth root filled	2
Inlays	9
Crowns	32
Courses of treatment completed	1390

3. ORTHODONTICS

Cases remaining from previous year	.. ..	58
New cases commenced during year	.. ..	41
Cases completed during year	.. .. ..	28
Cases discontinued during year	.. .. ..	3
No. of removable appliances fitted	.. ..	54
No. of fixed appliances fitted	.. .. ..	10
Pupils referred to Hospital Consultant	.. ..	1

4. PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	NIL	3	2	5
Pupils supplied with other dentures (first time)	3	12	1	16
Number of dentures supplied	3	15	4	22

5. ANAESTHETICS

General Anaesthetics administered by Dental Officers	94
---	----

6. INSPECTIONS

(a) First inspection at school. Number of Pupils	3421
(b) First inspection at clinic. Number of pupils	1473
Number of (a) + (b) found to require treatment	2935
Number of (a) + (b) offered treatment ..	2908
(c) Pupils re-inspected at school or clinic ..	75
Number of (c) found to require treatment	61

7. SESSIONS

Sessions devoted to treatment.. .. .	910
Sessions devoted to inspection	24
Sessions devoted to Dental Health Education	23

TABLE V

ORTHOPAEDIC CLINIC

Visits of Orthopaedic Surgeon	.. .. .	13 sessions
Patients seen—new cases	.. .. .	55
Other attendances/re-examinations	.. .. .	156

Note:—Children requiring surgical appliances have continued to obtain these through the Beckett Hospital, Barnsley.

TABLE VI

MOUNT VERNON SCHOOL

STATISTICAL SUMMARY OF CHILDREN IN ATTENDANCE

1969

CATEGORY	NUMBER IN SCHOOL 1ST JAN. 1969	NUMBER ADMITTED	NUMBER DISCHARGED	NUMBER REMAINING AT 31.12.69
Delicate	2	1	2	1
Respiratory Diseases:				
Asthma	6	2	—	8
Bronchiectasis	2	—	—	2
Chronic Bronchitis ..	2	1	1	2
Orthopaedic disorders ..	3	1	1	3
Congenital Deformities ..	9	1	2	8
Congenital Heart Disease	5	—	—	5
Post Poliomyelitis	1	—	—	1
Cerebral Palsy	6	1	1	6
Muscular Dystrophy ..	3	3	—	6
Epilepsy	5	2	1	6
Emotional Instability ..	3	4	2	5
Speech Defect	2	—	—	2
Dermatomyositis	1	—	—	1
Purpura	1	—	—	1
Partial Hearing	2	—	1	1
Partial Sight	1	1	—	2
Brain Tumour	1	—	1	—
	55	17	12	60

TABLE VII
RETURN OF HANDICAPPED CHILDREN
New assessments and placements

[illegible]

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1969:—

- | | | |
|-------|---|--------------|
| | During the calendar year ended 31st December, 1969 :— | |
| (i) | Children who were the subject of new decisions recorded under Section 57 of the Education Act, 1944 | 4 |
| (ii) | Reviews carried out under the provisions of Section 57A of the Education Act, 1944 | None |
| (iii) | Reviews recalled under Section 57A(2) of the Education Act, 1944 | None |

(iii) Decisions cancelled under Section 57A(2) of the Education Act, 1944; and

Handicapped Pupils awaiting places in Special Schools or receiving education in Special Schools; Independent Schools; in Special Schools; and in Homes.

Classes and Units; Under Section 50 of the Education Act, 1944.										
AS AT 22ND JANUARY, 1970:—										
A. Children from the Authority's area awaiting places in special schools other than hospital special schools										
(1) Under 5 years of age										
(i) waiting before 1st January, 1969: { (a) day places (b) boarding places										
boys girls										
(ii) newly assessed since 1st January 1969: { (a) day places (b) boarding places										
boys girls										
(i) waiting before 1st January, 1969: { (a) day places (b) boarding places										
(a) whose parents had refused consent to their admission to a special school										
(b) others { (a) day places (b) boarding places										
(ii) newly assessed since 1st January, 1969: { (a) day places (b) boarding places										
(a) whose parents had refused consent to their admission to a special school										
(b) others { (a) day places (b) boarding places										
boys girls										
(3) Total number of children awaiting admission to special schools other than hospital special schools — total of (1) and (2) above										
AS AT 22ND JANUARY, 1970:—										
B										
(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless of what authority they are maintained										
(a) day places										
boys girls										
(b) boarding places										
boys girls										
(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated.										
(a) day places										
boys girls										
(b) boarding places										
boys girls										
(iii) Independent schools under arrangements made by the authority.										
(a) day places										
boys girls										
(b) boarding places										
boys girls										
(iv) Special classes and units not forming part of a special school.										
boys girls										
C Children from the Authority's area boarded in homes and not already included in B above.										
boys girls										
D										
(i) in hospitals										
boys girls										
(ii) in other groups, e.g. units for spastics, etc.										
boys girls										
(iii) at home										
boys girls										
E Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under Section 56 of the Education Act 1944; and boarded in Homes.										
boys girls										

HEALTH COMMITTEE
(as at 31.12.69)

Chairman: Councillor F. Kaye

Vice-Chairman: Councillor A. Williams

THE WORSHIPFUL THE MAYOR: Alderman T. Hinchcliffe, J.P.

Alderman T. R. Brown, B.E.M.	Councillor Mrs. M. J. Slater
Alderman H. Dancer	Councillor Mrs. S. J. Fox
Alderman A. Butler, J.P.	Councillor Mrs. M. Button, M.B.E.
Alderman A. Lowery	Councillor Mrs. M. Copley
Alderman G. Whyke, J.P.	Councillor W. E. Blackburne
Councillor Mrs. E. B. Blackburne	Councillor E. Hamilton
Councillor Mrs. M. Brannan	Councillor K. Shaw

Co-opted Members:

Dr. M. C. Duggan Dr. D. H. Pick

SANITARY COMMITTEE
(as at 31.12.69)

Chairman: Councillor G. Moore

Vice-Chairman: Alderman W. Martin-Chambers

THE WORSHIPFUL THE MAYOR: Alderman T. Hinchcliffe, J.P.

Alderman T. R. Brown, B.E.M.	Councillor W. E. Blackburne
Alderman W. Hunt, J.P.	Councillor R. Skelly
Alderman G. Whyke, J.P.	Councillor H. Thwaites
Councillor Mrs. G. Bright	Councillor E. Wagstaff
Councillor Mrs. M. Button, M.B.E.	Councillor J. H. Dossett
Councillor Mrs. S. J. Fox	Councillor R. Firth
Councillor Mrs. M. J. Slater	Councillor E. Hamilton

EDUCATION COMMITTEE
(as at 31.12.69)

Chairman: Councillor Mrs. M. Brannan

Vice-Chairman: Councillor B. Varley

THE WORSHIPFUL THE MAYOR: Alderman T. Hinchcliffe, J.P.

Alderman F. Lockwood	Councillor Mrs. M. Copley
Alderman A. Butler, J.P.	Councillor F. B. Crow, J.P.
Alderman A. Lowery	Councillor J. H. Dossett
Councillor Mrs. E. B. Blackburne	Councillor W. R. Gundry
Councillor Mrs. M. J. Slater	Councillor F. Kaye
Councillor Mrs. G. Bright	Councillor F. Lunn
Councillor Mrs. M. Button, M.B.E.	Councillor H. Thwaites
Councillor H. Brain	Councillor G. Moore
Councillor A. Williams	

Co-opted Members:

Miss H. K. Mosley	Very Rev. Canon C. H. O'Flaherty
Mr. H. Owen	Rev. J. C. K. Brumpton
Mrs. D. L. Hirst	

STAFF OF THE PUBLIC HEALTH DEPARTMENT
(as at 31.12.69)

*Medical Officer of Health, Principal School Medical Officer and
Superintendent of the Welfare Services for the Handicapped:*

G. A. W. NEILL, O.B.E., O.ST.J., T.D., M.D., D.P.H., Barrister-at-Law

Deputy Medical Officer of Health and School Medical Officer:

Leon A. Nettleton, M.B., Ch.B., L.M.S.S.A., D.P.H.

Consultant Anaesthetist (Part-time):

R. C. Davison, M.R.C.S., L.R.C.P., D.A.

S. S. Mahatme, M.B., B.S., D.A.

Senior Clinical Medical Officer in Department:

S. Joan A. Raymond, M.B., Ch.B., D.C.H.

Medical Officer in Department:

Radha Ramaswami, B.A., M.B.B.S., D.C.H. (Part-time)

Stephanie Shaw, M.B., Ch.B. (Terminated 31.7.69)

Lakshmi Rajan, M.B., B.S., DIP. OBST. GYN. (Part-time)
(Commenced 14.7.69)

Health Visiting Service:

Superintendent Health Visitor and School Nurse:

Mrs. E. Inman, S.R.N., S.C.M. (Part 1), H.V.

Deputy Superintendent Health Visitor and School Nurse:

Miss S. Abbott, S.R.N., S.C.M., Q.I.D.N., H.V.

Senior Health Visitors and School Nurses:

Mrs. M. Lonsdale, S.R.N., S.C.M., H.V.

Mrs. J. E. Sweetnam, S.R.N., S.C.M., H.V.

Mrs. K. Tomlinson, S.R.N., S.C.M., H.V.

Mrs. A. Marshall, S.R.N., S.C.M., H.V.

Health Visitors and School Nurses:

Miss M. Stott, S.R.N., S.C.M., Q.I.D.N., H.V.

Mrs. I. S. Harris, S.R.N., S.C.M., H.V.

Miss I. Reilly, S.R.N., S.C.M., H.V.

Miss M. Steele, S.R.N., S.C.M., H.V.

Mrs. B. Robinson, S.R.N., S.R.F.N., S.C.M., H.V.

Mrs. W. P. Shepherd, S.R.N., S.C.M. (Part 1), H.V.

Mrs. C. B. Hubbard, S.R.N., S.C.M., H.V. (Terminated 30.11.69)

Mrs. J. A. Livesley, S.R.N., S.C.M. (Part 1), Q.I.D.N., H.V.

Miss J. Broadhead, S.R.N., S.C.M., H.V. (Commenced 22.9.69)

Mrs. E. C. Bolt, S.R.N., S.C.M., H.V. (Commenced 27.9.69)

Student Health Visitors:

Miss J. Broadhead, S.R.N., S.C.M. (Terminated 21.9.69)

Mrs. W. Felton, S.R.N., S.C.M. (Part 1) (Commenced 8.9.69)

Mrs. J. Goodyear, S.R.N., S.C.M. (Part 1) (Commenced 8.9.69)

Mrs. E. C. Bolt, S.R.N., S.C.M. (from 1.6.69 to 26.9.69)

Clinic/School Nurses:

Mrs. F. J. Garner, S.R.N.
Mrs. M. McCobb, S.R.N.

State Enrolled Nurses:

Mrs. G. R. Oxley, S.E.N.
Mrs. I. Lodge, S.E.N.
Mrs. M. C. Hill, S.E.N.
Mrs. M. Sidlow, S.E.N. (Commenced 27.1.69)
Mrs. D. Parkin, S.E.N. (Commenced 3.2.69)

Midwifery Service:

Non-Medical Supervisor of Midwives:

Mrs. M. E. L. Goody, S.R.N., S.C.M., Q.I.D.N., H.V.

Assistant Non-Medical Supervisor of Midwives:

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N. (Retired 19.3.69)

Domiciliary Midwives:

Mrs. G. Bailey, S.R.N., S.C.M., Q.I.D.N. (Senior Midwife)
Mrs. L. Woodhead, S.R.N., S.C.M., Q.I.D.N.
Mrs. A. Taylor, S.R.N., S.C.M.
Mrs. K. Leech, S.R.N., S.C.M.
Mrs. A. Horne, S.C.M.
Mrs. M. Owen, S.C.M.
Mrs. D. C. Parr, S.R.N., S.C.M. (Terminated 30.3.69)
Miss M. M. Guest, S.C.M. (Commenced 13.1.69)
Mrs. M. M. Baxter, S.C.M. (Commenced 4.8.69)

Home Nursing Service:

Superintendent of District Nurses:

Mrs. M. E. L. Goody, S.R.N., S.C.M., Q.I.D.N., H.V.

Deputy Superintendent of District Nurses:

Miss R. A. Chamberlain, S.R.N., S.C.M., Q.I.D.N. (Retired 19.3.69)

District Nurses:

Mrs. E. Davies, S.R.N., Q.I.D.N. (Senior District Nurse)
Mrs. I. B. McGowan, S.R.N., S.C.M., Q.I.D.N.
Mrs. G. A. Pollendine, S.R.N., Q.I.D.N.
Mr. J. Woodhead, S.R.N., Q.I.D.N.
Mrs. E. M. Micklethwaite, S.R.N., Q.I.D.N.
Miss S. A. Goldthorpe, S.R.N., Q.I.D.N.
Mrs. B. Sharpe, S.R.N., Q.I.D.N.
Mrs. C. Holding, S.R.N., Q.I.D.N.
Mrs. D. Dyson, S.R.N., Q.I.D.N.
Mrs. B. Cooper, S.R.N., N.C.D.N.
Mrs. G. Cooper, S.R.N., N.C.D.N.
Mrs. E. Higgins, S.R.N., N.C.D.N.
Mr. M. Fletcher, S.R.N., N.C.D.N.
Mrs. S. A. Howell, S.R.N., O.N.C. (Commenced 9.6.69)
Mrs. S. Burnham, S.E.N.
Mrs. M. McGuinness, S.E.N.

Orderly:

Mrs. N. Milburn

Handicapped Services Department:

Mr. S. Holmes, A.I.S.W., Senior Welfare Officer
Mr. J. Moore, Social Welfare Officer (from 19.12.69)
Mr. H. V. Davis, Home Teacher of the Blind (Retired 13.2.69)
Miss E. White, Home Teacher of the Blind
Mrs. J. M. Chapman, Home Teacher of the Blind
Mr. P. McGraynor, Craft Instructor
Mrs. P. McGraynor, Craft Instructor
Mr. R. W. Hatherley, Trainee Craft Instructor
Mrs. C. Silverwood, nee Gaimster, Welfare Assistant for the
Handicapped (Terminated 12.10.69)
Miss S. C. Roberts, Welfare Assistant for the Handicapped
(Commenced 22.12.69)
Mr. G. P. Guest, Clerk
Miss P. Sewell, Shorthand Typist
Mrs. D. Brook, Clerk (Commenced 28.7.69)
Mrs. D. Stones, Clerk (Terminated 4.5.69)

Barnsley Light Industries—Sheltered Workshop:

Mr. N. A. Todd, General Manager
Mrs. S. Donoghue, Clerk-Typist
Mr. S. Wragg, Foreman
Mr. D. Williamson, Assistant Foreman
Miss C. Lowe, Clerk

Mental Health Service:

Miss E. M. Seabury, S.R.N., S.C.M., H.V., Senior Mental Health
Welfare Officer
Mrs. W. M. Levesque, S.R.N., S.C.M., H.V., Mental Health Welfare
Officer
Mr. P. Lynch, R.M.N., Mental Health Welfare Officer
Mrs. P. M. Gutteridge, Mental Welfare Assistant
(Terminated 7.12.69)
Mr. J. A. R. Cook, Mental Welfare Assistant (Commenced 27.8.69)

Junior Training Centre:

Miss E. Wilde, Supervisor (Qualified)
Miss E. Gill, Assistant Supervisor (Qualified) from 7.7.69
Mrs. M. Roebuck, Assistant Supervisor (Unqualified)
Mrs. M. Marrian, Assistant Supervisor (Unqualified)
Mrs. M. Featherstone, S.E.N., Assistant Supervisor (Unqualified)

Adult Training Centre:

Mr. J. H. Power, Manager
 Mr. K. Winterbottom, Deputy Manager
 Mrs. M. Oxley, Instructor
 Mrs. V. Massey, nee Fowler, Instructor
 Mr. M. Nixon, Instructor
 Miss C. Smith, Clerk-Typist

Home Help Service:

Miss D. W. France, I.H.H.O. Cert., Home Help Organiser
 Mrs. I. Hackney, I.H.H.O. Cert., Assistant Home Help Organiser
 Mrs. E. Allison, Assistant Home Help Organiser

Audiology Technician:

Mrs. E. Holling, M.S.A.T. (Terminated 31.1.69)

Dental Service:

Mr. I. O. Pinkham, B.D.S., L.D.S., R.C.S., Chief Dental Officer
 (Terminated 28.2.69)
 Mr. G. White, L.D.S., Chief Dental Officer (from 18.3.69)
 Mr. J. Bowman, B.Ch.D., L.D.S., Senior Dental Officer
 (part-time from 11.8.69)
 (Terminated 26.9.69)
 Mr. D. R. Nteka, L.D.S., Dental Officer (Commenced 29.9.69)
 Mrs. M. J. Rowntree, Dental Auxiliary (Terminated 30.6.69)
 Miss R. Sharp, Dental Clerk
 Mrs. B. Ashurst, Dental Surgery Assistant
 Mrs. C. Matthews, Dental Surgery Assistant (Terminated 11.5.69)
 Miss J. Newsome, Dental Surgery Assistant
 Miss D. Christie, Dental Surgery Assistant

Chiropody Service:

Mr. A. A. Aldam, M.Ch.S. (Sessional basis)

Administrative and Clerical Staff:

Mr. K. Holling, D.M.A. Administrative Assistant and Chief Clerk
 Mr. J. Faulkner, Senior Clerk
 Miss J. Owen, Senior Shorthand Typist
 Mrs. S. Clarke, Clerk-Typist
 Miss C. M. Senior, Shorthand Typist
 Mr. D. Orr, Clerk (Terminated 31.3.69)
 Mrs. J. M. Pleasant, Clerk (Commenced 14.4.69)
 Miss P. J. Fleetwood, Clerk (Commenced 27.1.69)
 Mrs. K. M. Porrill, Clerk (Terminated 26.1.69)
 Miss J. Walker, Senior Clerk, Care of Mothers and Young
 Children and School Health Service
 Miss N. Wade, Clerk, School Health Service
 Mrs. J. P. Fairclough, Clerk, School Health Service
 (Terminated 14.12.69)

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